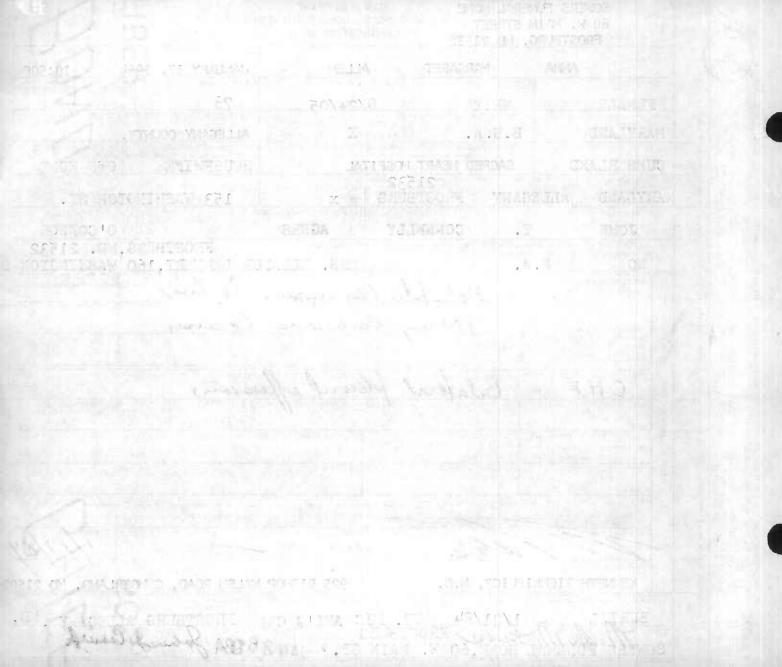
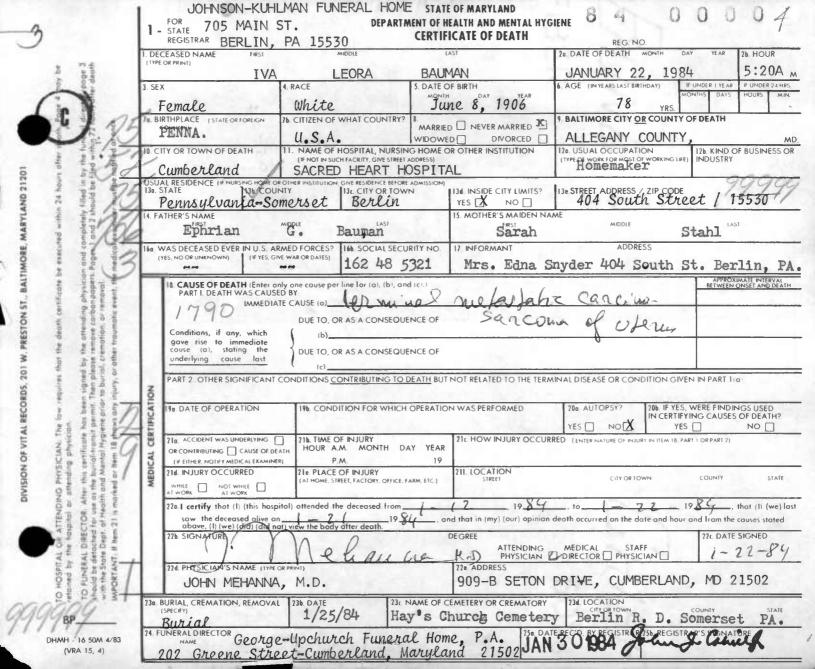
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medicol		AS DECEASED EVER S, NO OR UNKNOWN) NO	(IF YES, GIVE	MED FORCES? WAR OR DATES)	16b. SOCIAL SEC	URITY NO.	MRS. ELE	ANOR	FROST LEMMER	BURG	,MD. WASH	INGTON
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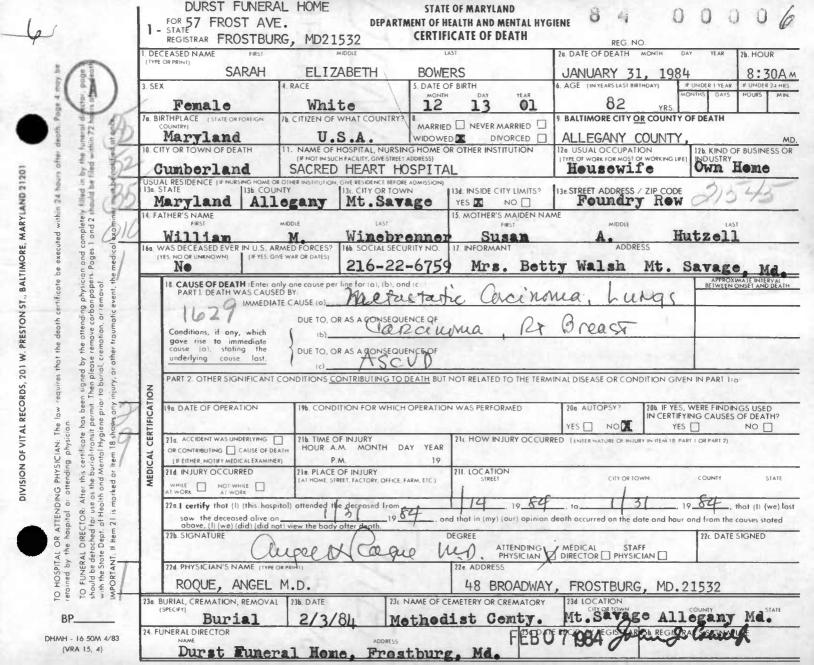
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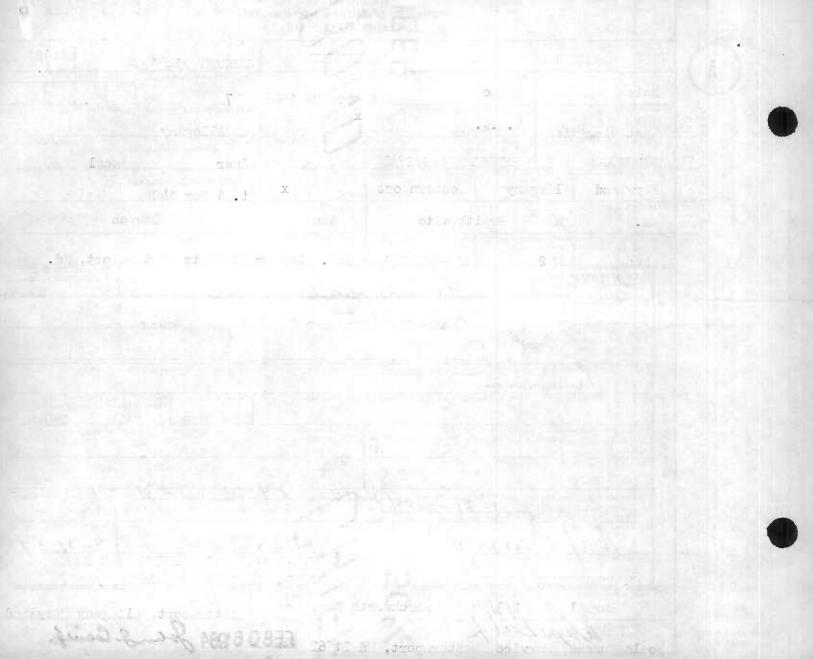
1.	FOR STATE REGISTRAR		DEPARTMENT OF MEDICAL EXAM	INER'S CERT	MENTAL HYG		0 0 0	05
	PECEASED NAME YPE OR PRINT) Mil	icent	WIDDLE	Berry		20. DATE KNOWN OF ESTI- DEATH MATED	CLUB /	YEAR 26. HOUR 12:102
1	emale Wh	ite Jur	of BIRTH 1e 7, 1942 AGE	THDAY) MONTHS DA	YR. IF UNDER 24 H	RS. 20 DATE PRONOUNCED DEAD	MONTH DAY	SY 1:30
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1	CITY OR TOWN OF DEA Midland	86%		Shing St	TITUTION 12a	FOR SLEWSRKING UEE	рерт	of Business Dustry Store
13a	JAL RESIDENCE (IF IN NUI STATE Md	rsing home or other in: 13b. COUNTY Allegar	stitution, give residence before ada 13c. CITY OR TOW MidLa		SIDE CITY LIMITS? 13e.	street appress ni:	ng St. 2	1542
14.	Daniel	WIDDLE	James	15. MG	WERE MAIDEN N		Beard LASI	
160	WAS DECEASED EVER (YES, NA COUNKNOWN)	IN U.S. ARMED FOR	CES? LIAN SOCIAL SECU	A. () (T	mes Berr		s Lonacon and, Ma.	ing St. 21542
Z	cause (a) stating lying cause last. PART 2 OTHER SIGNIFICAN	iny, which immediate the <u>under-</u>	(c) MYOCA DUE TO, OR AS A CONSEQUEN (b) ARTERIOS UE TO, OR AS A CONSEQUEN (c) MG TO DEATH BUT HOT RELATED TO THE	CE OF CLEROTI		et Dista	50	
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230	BURIAL CREMATION, R	emoval 336 pate	21,198 sumse	T Mem H	matory 23	Sumberland	Alfegany	siMd.
24.	FUNERAL DIRECTOR FORME EICH KOTH F4	MINTER FOR	Longs aving	mD.	JAN 2	3 1984	GISTRAR'S SIGNATUR	X :

JAN 23 MA John & Brish Elchon Frozen Hone Lorncommy 115.

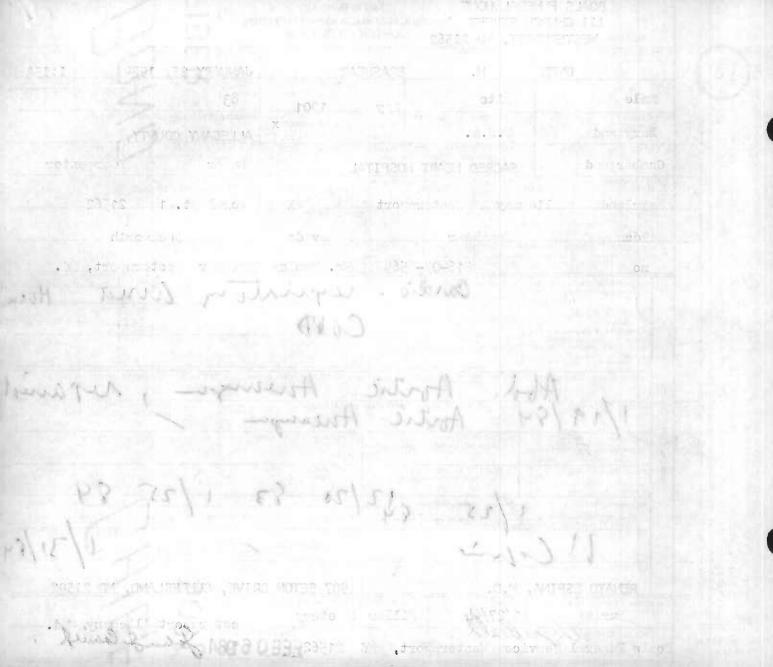


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5	1.	FOR - STATE REGISTRAR		DEPARTM	ENT OF H	OF MARYLAND EALTH AND MENTAL HYO ICATE OF DEATH		0 (s. NO.	0007
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(VRA 15, 4)	R	oals Funeral S	Service W	ADDRESS esterno	rt. M	d 21562 . EE	U 6 1984	Johnson	Cahrely



	. 1		CEASED NAME FIRST	MIDDLE	LAST	20. DATE OF DEATH MONTH	DAY YEAR 26 HOUR
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by the fu	12		ry or town of DEATH	11. NAME OF HOSPITAL, NU (IF NOT IN SUCH FACILITY, GIVES SACRED HEAR		120. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LI	12b. KIND OF BUSINESS (INDUSTRY Carpenter
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	5				rnnort YES NOT	Rural Rt. 1	21562
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pa duo	3//		Eden	Brashear	Lavada	Duckwo	
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DIVIS THIS CER WARDED PAGE 3 SI TATE DEP	MED	21d. INJURY OCCI WHILE NO AT WORK AT		21e PLACE O STREET, FACTO				TREET			CITY OR TOWN		COL	INTY		STATE
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3. SEX	Male Cau	5. DATE OF BIRTH	08° 6. AGE (IN YI	ARS IF UN AY) MONTH	DER 1 YR. IF UNDER		IE M	-84 10	AR 124 HOUR
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-	UNERAL DIRECTOR NAME Sowers Funeral	Main ADDRESS	Sowe	3	MD 250 PATE			AR'S SIGNATURE	K

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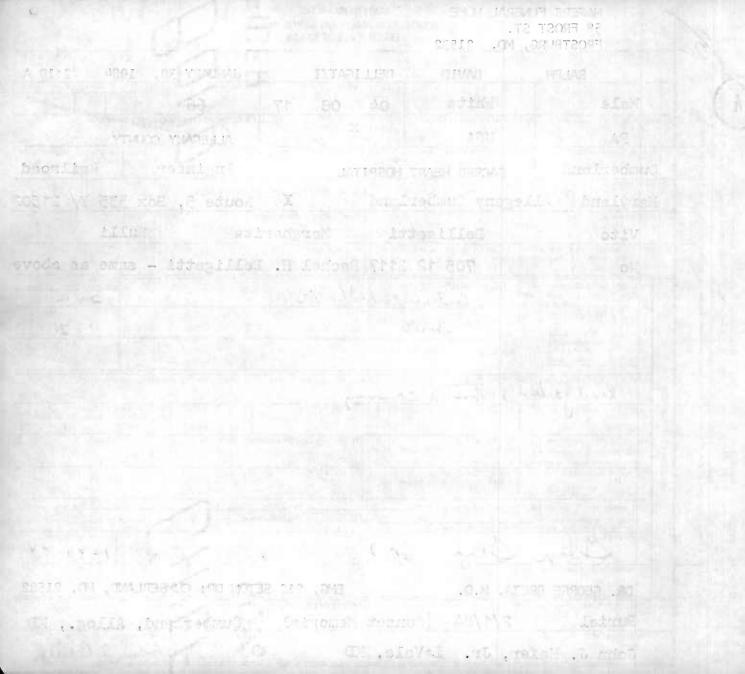
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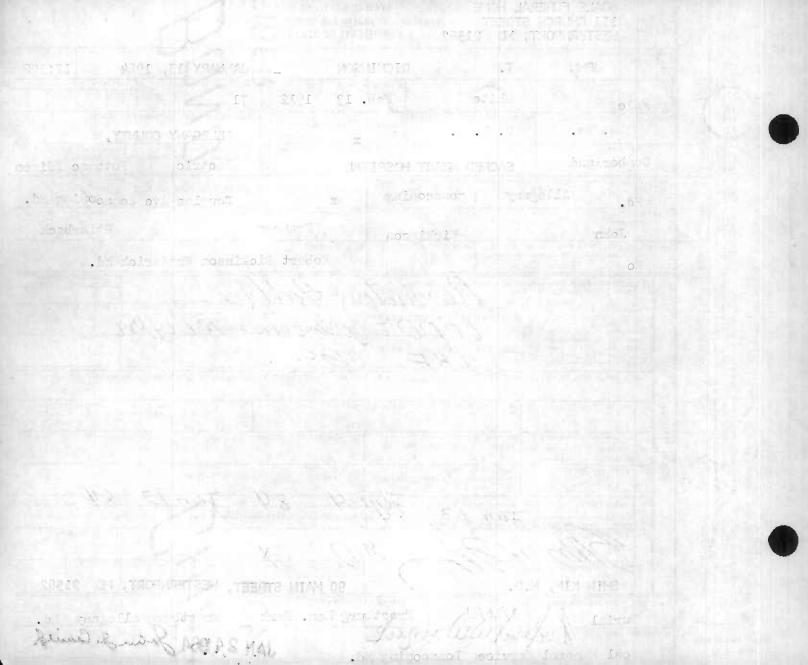
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PAGE 4 SHO TO FUNERA AFTER DEATH BALTIMORE,	-	EXAMINER'S (TYPE OR PRIN		1CHOLA	S 6	FIARK	IIIA	ADDRESS_	900	Leton	u De	· Cu	uden	kend	chie
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12		CEASED NAME FIRST	MIDDLE	U	AST		REG. NO 2a DATE OF DEATH	MONTH DA	Y YEAR	2b. HOUR
E T. 3	(I YPE	OR PRINT)	DAVID	DELL	IGATTI		JANUARY :	30, 19	984	2:10 Am
offer	3. SEX	Male	RACE White	5. DATE O	F BIRTH	** 17	6 AGE (IN YEARS LAST BIR	YRS.	DNIHS DAYS	HOURS MIN.
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and be	USU/ 13a. S	AL RESIDENCE (IF NURSING HORE OR COTATE	IY 13c CITY QF	BEFORE ADMISSION)	13d INSIDE CIT	Y LIMITS?	Route 5,		335 Y	/ 21502
Sea John		THER'S NAME	Dellie	.	15 MOTHER'S		ΛE		lli IAST	
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21 is mo		22a.1 certify that (1) (this haspite saw the deceased alive an abave, (1) (we) (did) (did not			ed that in (my) (our) opinion o	to death occurred on the d	ote and hour		that (I) (we) lost couses stated
Stote Dept.		226. SIGNATURE 226. PHYSICIAN'S NAME (TYPE OF	Dry	MO	DEGREE AT PI 22e ADDRESS		MEDICAL STAI DIRECTOR PHYSIC	FE IAN	1-3	O-84
should be det with the State IMPORTANT:		DR. GEORGE BR	REZA, M.D.	23¢ NAME OF C			ETON DR; CU	MBERLA	ND, MD	. 21502
	23a. E	BURIAL, CREMATION, REMOVAL	23b. DATE 2/1/84	Sunset			Cumberl	and.	Alleg	STATE MD
50M 4/83 5, 4)		UNERAL DIRECTOR John J. Haf	er, Jr. L	avale,	MD	PEE	REC'D. BY REGISTRAR	25h REGISTR	AR'S SIGNATI	helk

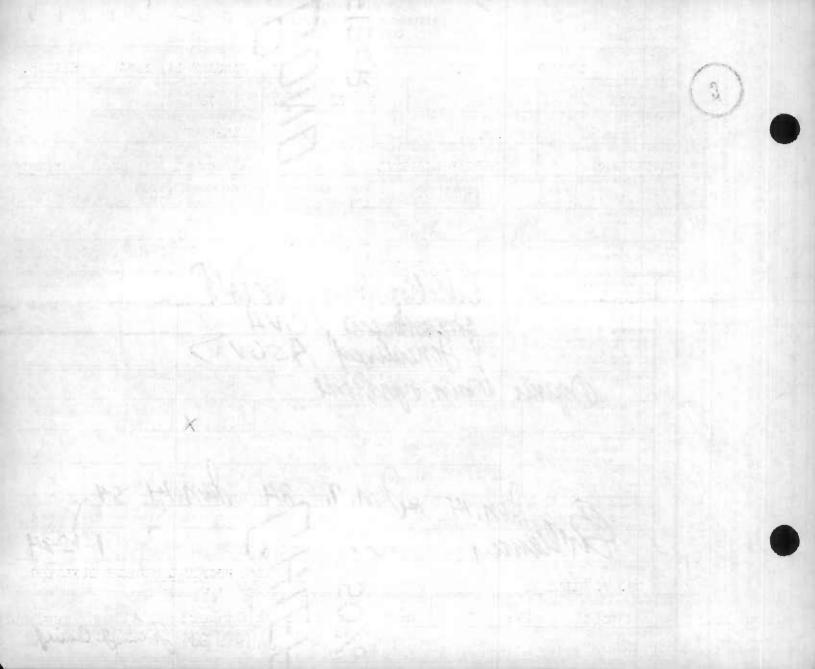


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De l'ord	10. 0	Cumberland	(IF NOT IN SUCH		OME OR OTHER INSTITUTION	120. USUAL OCCUPATO	ON 126. KII	ND OF BUSINESS OR
and be	USU 130	AL RESIDENCE (IF NURSING HOME STATE 136-CO	or other institution, G UNITY Beany	IVE RESIDENCE BEFORE ADM	1 13d. INSIDE CITY LIMITS?	Douglas	ZIP CODE Ave Lonac	oning Md.
)/(14. F	ATHER'S NAME FIRST John	MIDDLE	Dickinso	15. MOTHER'S MAIDEN N		Ut	terback
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		EASED NAME FRST	,	MIDOLE LAST			20. DATE OF DEATH MONTH	DAY YEAR 26. HOUR
1 20	line	SAMUE	L A	. AMERICUS DIEHL			JANUARY 8, 198	
	3. 5E)		4 RACE 5. DATE C				6. AGE (IN YEARS LAST BIRTHOAY)	MONTHS DAYS HOURS MIN.
1	1	Male		White Jan			76 yr	
17. NA		RTHPLACE (STATE OR FOREIGN OUNTRY)	76. CITIZEN OF	WHAT COUNTRY?	MARRI	ED NEVER MARRIED		
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Be de les		AS DECEASED EVER IN U.S.	ARMED FORCES?	166 SOCIAL SECU	JRITY NO.	17. INFORMANT	ADDRESS F	Rt #3 Box 342
OW S SS		No		214-07-3	018	Mildred Dez	ort Bedfo	ord, Pa 15522
BAL cope opposite ne, th		18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), (b) BETWEEN ONSET AND DEATH PART I, DEATH WAS CAUSED BY:						
he death certifications of marten are contained of marten are contained of the contained are the contained are the contained are contained are the contained		6.3.3 6 IMMEDIATE CAUSE (a)						
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DIVISION OF VITAL RECORDS, 20 NG PHYSICIAN. The law requires the attending physician. When this certificate has been signed at the bungliciants permit. Then pies th and Mental this gene prior to buring asked as here. If signess any injury, or	CERTIFICATION	PART 2 OTHER SIGNIFICAN	IT CONDITIONS	ONTRIBUTING O	DEATH BU	T NOT ELATED TO THE LET	RMINAL DISEASE OR CONDITION	GIVEN IN PART 10
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A STATE 7	14	OR CONTRIBUTING CAUSE OF	DEATH	.M. MONTH D	AY YEAR			
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A A THE COLOR OF T		saw the deceased alive above, (I) (we) (did) (did	nat) view the bady	y after death.	14.		an death occurred on the date and	22c. DATE S/GNED
O He		226. SIGNATURE	11110			DEGREE ATTENDING		1/8/56
by the by		224. PHYSICIAN'S NAME (TY	PE OF PRINTS			22e ADDRESS	DIRECTOR PHYSICIAN	1 1 0 1 0 1
Day 1		RENATO ESPIN	A. M.D.			907 SETON	DRIVE, CUMBERLA	AND. MD 21502
		SURIAL, CREMATION, REMOV		230	NAME OF	CEMETERY OR CREMATOR		COUNTY STATE
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DHMH - 16 50M 4/83		INERAL DIRECTOR		ADDRESS	04 De	catur St 250. D	ATE REC'D. BY REGISTRAR 256. REC	GISTRAR'S SIGNATURE
(VRA 15. 4)	Si	loor Merritt	Finaral C	Sarvice C	umber	land Md IAM	17 3 400A XLC	Q. Calical A

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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m 5		CEASED NAME	FIRST		MIDDLE		AST		20. DATE OF DEATH MONTH	DAY YEAR	2h HOUR
A 8.0		W1	LLIAM		DONAL	D	EMERIC	<	JANUARY 24, 19	84	11:15PM
	3. SE			RACE		S. DATE (YEAR	6. AGE (IN YEARS LAST BIRTHDAY)	MONTHS DAYS	
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13		RTHPLACE (STATE OR F. COUNTRY)	OREIGN 76	CITIZEN OF USA	WHAT COUN	RY? 8. MARRIE WIDOWI	D K NEVER	MARRIED NORCED	9 BALTIMORE CITY OR COUNT ALLEGANY COUN		MD
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BALTIMORE, cate be execu- opers. Pagery val.	- (YES, NO OR UNKNOWN)	(IF YES, GIVE V	VAR OR DATES)	213 24	7192	Colett	ta Emer	ick, Rt 1, Bx 12		
e be be ers. If	-	18. CAUSE OF DEATH	d (Entocook)				00100	ca piner	ick, ke i, bk iz		EXIMATE INTERVAL N ONSET AND DEATH
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PRESTO he deathern emove c imation,		Conditions, if any, gove rise to imm cause (a), status	rediate	(b)_	R AS A CONSI	Val	Bard	resci	He conflot	24	
by thot the cose of the cost o	20	underlying cause		(6)	K AS A CONSI	OUENCE OF L	/				
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G PHYSICIA G PHYSICIA attending ph s the burnal-th ked or flem 1	MEDICAL	21d. INJURY OCCURR	nt 🗍	21e. PLACE (AT HOME STI	OF INJURY REET, FACTORY, OF	FICE, FARM, ETC.)	211 LOCATE STREE		CITY OR TOWN	COUNTY	STATE
ATTENDIN sspital or s CTOR: Aff of for use at d for use at m 21 is most		22a.1 certify that (1) saw the decease abave, (1) (we) (d				-	3 nd that in (my)	19 8 4 (aur) apinian	death occurred an the date and ho	0	, that (I) (we) last e causes stated
OR POINT		226. SIGNATORE		Ne	Coll	1/19		ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	22c DATE	SIGNED 25-84
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TO HOSPITAL retoined by the TO FUNERAL should be detoined with the Stote with the Stote IMPORTANT: II		JOHN MENA	M.AM)	MALE IT		909-F	SETON	DRIVE CUMBERLAN	D. MD 2	1502
D € 7 4 3 3 4		BURIAL, CREMATION, I	REMOVAL	736 DATE		23c NAME OF C			23d LOCATION		
BP		Burial	1	1/28/	84	Wellers	burg C	emetery	Wellersburg,	Somers	set, Pa.
DHMH - 16 50M 4/83 (VRA 15, 4)		Harvey H.	y W	eyle r, Hyn	dman, F	135		25a DAT	TE REC'D. BY REGISTR (R756 REGIS	TROP'S FIGURE	WEA

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e €	1. DECE A (TYPE OR P	No. (E)	FIRST HELEN	WIDDLE	ENGL	E LAST		January 23		YEAR 28	12:18 P. M
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11110		BERLAND		NAME OF HOSPITA IF NOT INSUCH FACILITY MORIAL HO			INSTITUTION	120. USUAL OCCUPAT (TYPE OF WORK FOR MOST OF Housewif	F WORKING LIFE) IN	26. KIND OF B NDUSTRY	BUSINESS OR
tilled in	USUAL R 13a, STAT		G HOME OR OTHER 3b. COUNTY Allega	13c. ⊂IT	PENCE BEFORE ADMIS Y OR TOWN B tempo r	t YES X		13e STREET ADDRESS 321 Waln		t Du	560
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ВР	(SPEC	AL, CREMATION, RI FY) Burial RAL DIRECTOR	EMOVAL 231	1/26/84		of CEMETERY	OR CREMATORY	Cumber Lan	d Ai	egany	Md
DHMH - 16 50M 4/B2 (VRA 15, 4)	W	NAME AL. F	22/1/00	& P	address	t wv	JAN	3 1 1984	NE CHAR	-	

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	1	FOR - STATE REGISTRAR		DEPA		HEALTH AND MENTAL HYG FICATE OF DEATH	REG. NO.	0 0	0 2 4
-		ECEASED NAME	FIRST	MIDDLE		LAST	20. DATE OF DEATH MO	ONTH DAY YEAR	2b. HOUR
	1		RENE	MAE	EVERE'	TT	JANUARY 6,	1984	10:35p
Δ	3. S	EX	4. RACE			OF BIRTH	6. AGE (IN YEARS LAST BIRTHD		
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14/6	7a. 1	BIRTHPLACE ISTATE ON FO	PREIGN 76. CITIZ	ZEN OF WHAT COUNT	RY? I. MARRI	D NEVER MARRIED	9 BALTIMORE CITY OR	OUNTY OF DEATH	
1/		-		USA	WIDOW		ALLEGANY		WE
1	,	ITY OR TOWN OF DEAT	(IF N	OT IN SUCH FACILITY, GIVE S	TREET ADDRESS)	OR OTHER INSTITUTION	12a. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF W		OF BUSINESS OR
16		CUMBERLAND		EMORIAL HOS			Housewife	In (Own Home
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11		Maryland	Allegan	y Cumb	erland	YES X NO		Frazier Vi	illage
11	114. F	ATHER'S NAME	MIDDLE	LAST		15. MOTHER'S MAIDEN NA	WE		LAST
B)//		James	s Dixon				ettie Conrad		
	160	WAS DECEASED EVER IN	U.S. ARMED FO		SECURITY NO.	17 INFORMANT	ADDRESS	Dane	ghter
/		(YES NO OR UNKNOWN)	(II TES, ONE WAR ON	234-12	2-1568	Mrs.Josephi	ne Zembower.	Cumberlay	od Ma
1		18. CAUSE OF DEATH PART I. DEATH WA	(Enter only one co	ouse per line for (0), (b	i, and (ci.)		, , , , , , , , , , , , , , , , , , , ,	APPRO	OXIMATE INTERVAL IN ONSET AND DEATH
		PART I. DEATH WA	S CAUSED BY:	mon		conton	Redek =		
i i		2029		E(o). New		- Mary Car	nine c		
		3821		E TO, OR AS A CONSE	OUENCE OF	sentero.	2.0.0		
Lon		Conditions, if any,		(b)		- pacer	neg		
Ď.		couse (a), stating	the DUI	E TO, OR AS A CONSE	QUENCE OF	1			
i		underlying couse	lost.	(c) 0 10	tes.	serieset	En .		
ny, or	1,	PART 2. OTHER SIGNI	FICANT CONDIT	ONS CONTRIBUTING	TO DEATH BU	NOT RELATED TO THE TERM	INAL DISEASE OR CONDIT	ION GIVEN IN PART	110
	CERTIFICATION								
5/	S	190 DATE OF OPERATIO	ON 196	CONDITION FOR WH	IICH OPERATIO	N WAS PERFORMED	20a AUTOPSY? 2	Ob. IF YES, WERE FIND V CERTIFYING CAUSE	INGS USED
4	⊒ ≝	1.114.0					YES NO	YES 🗌	NO 🗌
00/	<u>=</u>	210. ACCIDENT WAS UNDE		TIME OF INJURY DUR A.M. MONTH	DAY YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN	ITEM 18 PART OR PART 2)	
E-/	¥	OR CONTRIBUTING CA	OSE OF DEATH	P.M.	19				
/	MEDICAL	21d. INJURY OCCURRE	D 21e	PLACE OF INJURY		211. LOCATION			
	E	WHILE NOT WHILE		HOME, STREET, FACTORY, OFF	ICE, FARM ETC)	STREET	CITY OR TOWN	COUNTY	STATE
		220. I certify that (I) (t		adad the decarred for		13 10 6	7 . 117	10 84	
2					(2)	nd that in (my) (aur) apinion	double a support of the date	19 7	, that (I) (we) last
7 .		abave, (1) (we) (did	dy did now view th	ne body after death.	7		death occurred on the date	and nour and from th	te couses stated
<u>=</u>		226. SIGNATURE		1-1		DEGREE	1	22c DAT	TE SIGNED
1		1	18	den		ATTENDING PHYSICIAN	DIRECTOR PHYSICIAL	10 11	9184
7	1	22d. PHYSICIAN'S NAA	AE (TYPE OR PRINT)			220 ADDRESS 7		- /	7
1		DR. THADD	EUS ELDE	77		MEMOR	RIAL HOSPITAL RLAND, MD 21	MEDICAL B	ULLDING
_	730	BURIAL CREMATION P			3. NAME OF	EMETERY OR CREMATORY	123d LOCATION	JU2	
	1.30	(SPECIFY) Burial		n.10,1984				COUNTY	STATE
-						c Memorial Gar	rdens reyse	r, W.Va.	
/B2	24. F	UNERAL DIRECTOR	F. Scar	rpelli com	55. m] - m 3	M.3 250. DAT	E REC'D. BY REGISTRARIES	REGISTRAR'S SHENA	ATORE
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1	3.,SE		4 RACE	LDWARDS		OF BIRTH	6. AGE (IN YEARS LAST BIR		AR IF UNDER 24 HRS
(10)	1	FEMALE	WHI	TE	MA	11, 1910 YEAR	73	YRS.	YS HOURS MIN.
		IRTHPLACE (STATE OR FOREIGH COUNTRY) MARY LAND		A .	8 MARRIE WIDOW	D NEVER MARRIED DIVORCED	9 BALTIMORE CITY OF	COUNTY OF DEATH	MD
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	1	ITY OR TOWN OF DEATH CUMBERLAND	(IF NOT IN	OF HOSPITAL, NURSIN SUCH FACILITY, GIVE STREET ED HEART H	ADDRESS)	OR OTHER INSTITUTION	120. USUAL OCCUPATE ETYPE OF WORK FOR MOST OF HOUSEW IN	F WORKING LIFE) INDUSTI	O OF BUSINESS OR RY HOME
4ND 22	130		ME OR OTHER INSTITUTE COUNTY LEGANY	ON, GIVE RESIDENCE BEFORE 13c. CITY OR TOW FROST BUF	N	13d. INSIDE CITY LIMITS?	13e.STREET ADDRESS	ZIP CODE	7/532
RYL varbin	14 F.	ATHER'S NAME	MIDDLE	LAST		15. MOTHER'S MAIDEN NA	AME		LAST
MAR will be a will be will be a will		ROBERT	L.	EDWARDS		JESSIE		MC CEE	[ASI
MORE, n and con and commedical	16a \	WAS DECEASED EVER IN U.S	S. ARMED FORCES ES, GIVE WAR OR DATES			WILLIAM T.	FARRADY, FF		D. 21532
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21100 ING PHYSICIAN: The law requires that the death certificate be executed within 2 hours strending physician. When this certificate has been signed by the ottending physician and completely filled in the certificate has been signed by the ottending physician and campletely filled in the build transit permit. Then please remove carbonopapers. Pages 1 and 2 should be not all mental in giene prior to burial, cremotion, or removal. Orked of them 13 have any injury, or other traumotic event, the medical examined must be a second or the control or t	CERTIFICATION	Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse los PART 2 OTHER SIGNIFICATION 190 DATE OF OPERATION	DUE TO,	OR AS A CONSEQUIP	DEATH BUT	NOT RELATED TO THE TERM	of flee	DITION GIVEN IN PART	
ALREG	TIFIC				O' ENTITIO	, who removed	YES NO NO	IN CERTIFYING CAUS	
HYSICIAN: 1 nding physic his certificate burditans	MEDICAL CER	21d, ACCIDENT WAS UNDERLYIN OR CONTRIBUTING CAUSE ((IF EITHER, NOTHY MEDICAL EXA 21d INJURY OCCURRED	MINER) HOUR	E OF INJURY A.M. MONTH D P.M. CE OF INJURY STREET, FACTORY, OFFICE, F	YEAR	21t. HOW INJURY OCCUI	RRED (ENTER NATURE OF INJU		2) STATE
1. OR ATTENDI the hospital of 1. DIRECTOR: A trached for use to Dept. of Heal if Item 21 is m	W	WHILE NOT WHILE AT WORK 220. I certify that (I) (this saw the deceased all above, (I) (we) (did) (d 22b. STATURE	hospital) attended ve an id not; view the ba	the deceosed from_	12	nd that in (my) (our) opinion DEGREE M - D - ATTENDING PHYSICIAN	}_, to	ote and hour and from the property of the prop	L, that (I) (we) last
O HOSPITA O HOSPITA TO FUNERA should be de with the Stot		JOHN MEHAN				909-B SETON	DRIVE, CUM	BERLAND, MO	21502
BP		BURIAL, CREMATION, REMO ISPECIFY BURIAL UNERAL DIRECTOR	3.72			EMETERY OR CREMATORY IRG MEMORTAL 1250 DA	23d LOCATION CITY OR TOWN PARK FROSTBI TE RECD. BY REGISTRAR AN 1 9 1984	COUNTY	STATE MD

STANGED IN STREET AMILENCE TO THE HAY III, IFIG. ALP. U CHAPSEN THE PARTY YEARS LIE THE SERVE LIE The second structure of the second se TELEVISION - HELLEN F. P. E. M. IS GET SING, ID. 21/32 SOS-H SETTH DELVE, CHARGENIAND, IN SISON DOTE HERWARK, M. ET. DUEST ENTEL NO 1881 1881 1880, 10. 21532

Thomas Pay Thomas Fazenbaker Sex Male	1. DECEA	ASED NAME	FIRST		MIDDLE MIDDLE		LAST		DATE KNOWN IV		AY YEAR
ABACE DATE OF BRITH SAME DATE OF BRITH SAME OF TAXABLE UNDER 17 R. EUNDER 24 HRS. TO DATE		· ·	Thoma	as		Faz	zenbaker		OF ESTI-		1984
BRITHPLACE CHAIGNER TO SERVICE COUNTY OF DEATH TO SERVICE COUNTY O	3. SEX	4. RA	CE	5. DATE OF BIRTH	1926 57 BR	THDAY) MON			ONOUNCED		AY YEAR
In the content of t	FOREIG	ON COUNTRY)	R		HAT COUNTRY?	8. MARE		RRIED	~	R COUNTY O	F DEATH
USUAL RESIDENCE IN MARKED FORCES INC. TO PRICE INC. TO	Wes	or town of Disternpor	EATH	11. NAME OF HO	ACILITY, GIVE STREET ADDRES	SS)	HER INSTITUTION	FOR MOS	OCCUPATION (TYPE T OF WORKING LIFE)	E OF WORK 12b	OR INDUST
Mary Sand Allegany Westernset Yes No Rt. Box 29 No Rt. Box 29 No Research	USUAL R	ESIDENCE (IF IN I	NURSING HOME OR	OTHER INSTITUTION, G	SIVE RESIDENCE BEFORE ADM	ISSION)					us
Test			Alleg	any	"Western	bert	YES NO	T Rt.		dl	56
186. WAS DECEASED EVER IN U.S. ARMED FORCES? 186. SOCIAL SECURITY NO. 17. INFORMANT ADDRESS 175. NO. OR UNENDWOWN (18 YES, GIVE WAS OR DATES) 18. SOCIAL SECURITY NO. 17. INFORMANT ADDRESS 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I DEATH WAS CAUSED BY CAUSE (b). Chotgun Wound of Chest IMMEDIATE CAUSE (c). DUE TO, OR AS A CONSEQUENCE OF Conditions, ri ony, which gave rise to immediate couse (a) stating the under Journal of the under	14 FATH	ER'S NAME FIRST		MIDDLE	LAST		15. MOTHER'S MA	IDEN NAME			LAST
The cause of Death (Enter only one couse per line for (a), (b), and (c)) PARTI DEATH WAS CAUSE DBY: CAUSE (a) PARTI DEATH WAS CAUSE DBY: CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which gove rise to immediate couse (a) stating the under- lying couse lost. PART 2 DIRECTION 198. CONDITION FOR WHICH OPERATION WAS PERFORMED? 189. DATE OF OPERATION 199. CONDITION FOR WHICH OPERATION WAS PERFORMED? 189. DATE OF OPERATION 199. CONDITION FOR WHICH OPERATION WAS PERFORMED? 189. DATE OF OPERATION 199. CONDITION FOR WHICH OPERATION WAS PERFORMED? 189. DATE OF OPERATION 199. CONDITION FOR WHICH OPERATION WAS PERFORMED? 189. DATE OF OPERATION 199. CONDITION FOR WHICH OPERATION WAS PERFORMED? 189. DATE OF OPERATION 189. CONDITION FOR WHICH OPERATION WAS PERFORMED? 189. DATE OF OPERATION 189. CONDITION FOR WHICH OPERATION WAS PERFORMED? 189. DATE OF OPERATION 189. CONDITION FOR WHICH OPERATION WAS PERFORMED? 189. DATE OF OPERATION 189. CONDITION FOR WHICH OPERATION WAS PERFORMED? 189. DATE OF OPERATION 189. CONDITION FOR WHICH OPERATION WAS PERFORMED? 189. DATE OF OPERATION 189. CONDITION FOR WHICH OPERATION WAS PERFORMED? 189. DATE OF OPERATION 189. CONDITION FOR WHICH OPERATION			0.011.0			BIEVALO	Florence	е			
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PART I DEATH WAS CAUSED BY: GUIDS NO Chatguin Wound of Chest MANAGE MARCHARD REPORT MARCHARD REPORT MARCHARD REPORT MARCHARD REPORT MARCHARD REPORT MARCHARD REPORT MARCHARD REAL MARCHARD REPORT MARCHARD REPO	r				218-16-39	948	Mrs. An	geline	Fazenbake:	r West	
196. CONDITION FOR WHICH OPERATION WAS PERFORMED? 210. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH PHOUR A.M. MONTH DAY YEAR CONTRIBUTING CAUSE OF DEATH PHOUR A.M. MONTH DAY YEAR SUBject shot himself 21d. Injury Occurred While NOT While XX PREET, PACTORY, FARM, ETC.) 21d. Injury Occurred While NOT While XX Preet, PACTORY, FARM, ETC.) 21d. Injury Occurred While NOT While XX Preet, PACTORY, FARM, ETC.) 22e. I certify that I taak charge of the remains described above, held an Autapsy Inspection XX. Inquiry and in my apinion death resulted from Natural causes Accident Suicide XX. Hamicide Undetermined manner Accident		Canditians, if gave rise to cause (a) static	any, which immediate ng the under-	DUE TO, OF	r as a consequent	CE OF					
216 EXTERNAL CAUSE WAS 216 TIME OF INJURY 1216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY ITEM 18 PART 1 OR PART 2) 100 MINJURY OCCURRED 100 MINJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) 100 MINJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) 100 MINJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) 100 MINJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) 100 MINJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) 100 MINJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) 100 MINJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) 100 MINJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) 100 MINJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) 100 MINJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) 100 MINJURY OCCURRED (ENTER NATURE OF INJURY INJURY OCCURRED (ENTER NATURE) (ENTER NATURE OF INJURY INJURY OCCURRED (ENTER NATURE OF INJURY INJURY OCCURRED (ENTER NATURE) (ENTER NATURE OF INJURY INJURY OCCURRED (ENTER NATURE OF INJURY INJURY INJURY OCCURRED (ENTER NATURE OF INJURY		Canditians, if gave rise to cause (a) static lying cause las	any, which a immediate ng the <u>under</u>	(b)	r as a consequence	CE OF		N PART 1 au			
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220. I certify that I taak charge of the remains described above, held an Autapsy , Inspection XX. Inquiry , and in my opinion death resulted from. Natural causes , Acident , Suicide XX. Hamicide , Undetermined manner , TITLE (SPECIFY) ASSISTANT MEDICAL EXAMINER SIGNED 1-16 EXAMINER'S NAME (TYPE OR PRINT) Dennis F. Smyth, M.D. ADDRESS 111 Penn Street		Canditians, if gave rise to cause (a) statil lying cause las	any, which a immediate ng the under- st. ANT (ONOITIONS (I	DUE TO, OF (b) DUE TO, OF (c) ONTRIBUTING TO GEATH 196. COND HOUR A.A. P.A.	R AS A CONSEQUENCE R AS A CONSEQ	CE OF CE OF CERMINAL DISEA PERATION V EAR 21c H 84 SU	SE OR CONDITION GIVEN I WAS PERFORMED? HOW INJURY OCCU Abject sho	RRED (ENIERNATI			
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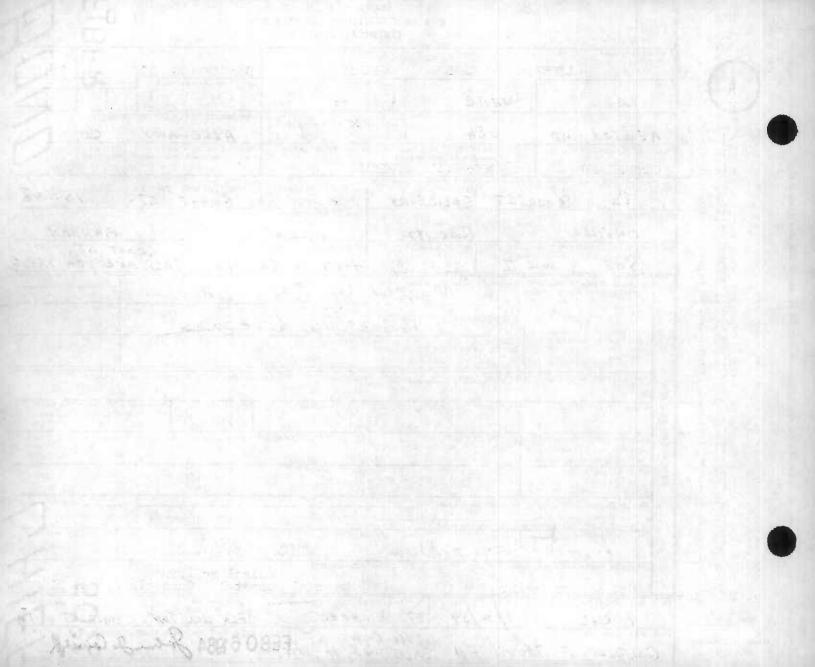
	FOR STATE				MENT OF	HEALTH		ENTAL H		6 4	0	0 () 2	1
1. DE	REGISTRAR CEASED NAME E OR PRINT)	FIRST		WIDDLE	EXAMIN	ER'S	LAST	CATEC	F DEA	Zo. DATE KNO	TI-	ONTH DAY	YEAR	2b. HO
3. SE	(T	4. RACE	5. DATE OF BIRTH		ogle	ARS IF UN	DER 1 YR.	IF UNDER	24 HRS	DEATH MAT	red 🔀	1-24	19 84 YEAR	1 P
M	ale	White	Oct. 25,1	916	67 Y		HS DAYS	HOURS		PRONOUNCED DE AD	Jan	. 24	19 84	3 ³ C
FC	RTHPLACE (ST DREIGN COUNTRY) West Va		76. CITIZEN OF WHAT COUNTRY? USA WIDOWED DIVORCED Allegany 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 176. USUAL OCCUPATION (TYPE OF WORK							OUNTY OF	DEATH	٨		
12	rostbu		11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INS (RENOT IN SUCHFACILITY, GIVE STREET ADDRESS) Frostburg Heights Apts					TION	Ret	JAL OCCUPATION OF WORKING I	ON (TYPE OF)		IND OF BUILD RINDUSTR	RY
13a S	AL RESIDENCE I	13b COU	e or other institution, give residence before admission) NTY 13c. CITY OR TOWN Legany Frostburg				13d INSIDE CITY LIMITS? 13e. STREET ADDRESS Honeysuckle Lane			"7	actor	12		
	ATHER'S NAME FIRST		D. Fogle		LAST		15. MOTH	ER'S MAIDE FIRST Esta		naugle			LAST	
16a. \	WAS DECEASED ES, NO, OR UNKNO NO	EVER IN U.S. AF	RMED FORCES? E WAR OR DATES)		O-10-4		Mrs.		eviev	e Jenki	ns, F	rostb	urg, N	۱d.
N	gove ris cause (o) lying cou	is, if any, which e to immediate stating the <u>under</u> se last.	h e (b)	AS A COM	NSEQUENCE (OF	E OR CONDITIO	N GIVEN IN PA	R1 1 (a)					
CERTIFICATION	19a. DATE OF	OPERATION	196 CONDI	TION FOR	WHICH OPER	ATION W	'AS PERFOR	RMED?				20	AUTOPSY?	NO []
	UNDERLYING CONTRIBUTION	NG CAUSE OF	DEATH P.A	A. MONTH	DAY YEAR			OCCURRE	D (ENTER)	NATURE OF INJURY IN	I ITEM 18 PART	1 OR PART 2)	TES LI	NO L
MEDICAL	WHILE AT WORK	NOT WHILE AT WORK	218 PLACE STREET, FAC	OF INJURY TORY, FARM, E			CATION			CITY OR TOWN		COUNTY		STATE
73a.B	22a certification death resultence ACTUAL SIGNATURE EXAMINER'S (TYPE OR PRIN	y that I took chored from: Nate	ge of the remoins de ural causes	Accident O Rey	, su	Autopicide	Homin TITLE (S	Specify) Saci	MED	Inquiry Remined monner ICAL EXAMINER CEAT HO	spita.	l, Cun		ind
(Burial	TOR	1-27-84	I	Davis M	emor	ial C	emete:	ry cit	umberla		llegal)TE
			carpelli,	Cumbe	erland,	Md.2	1502		314	984	and	2 Com	ich	

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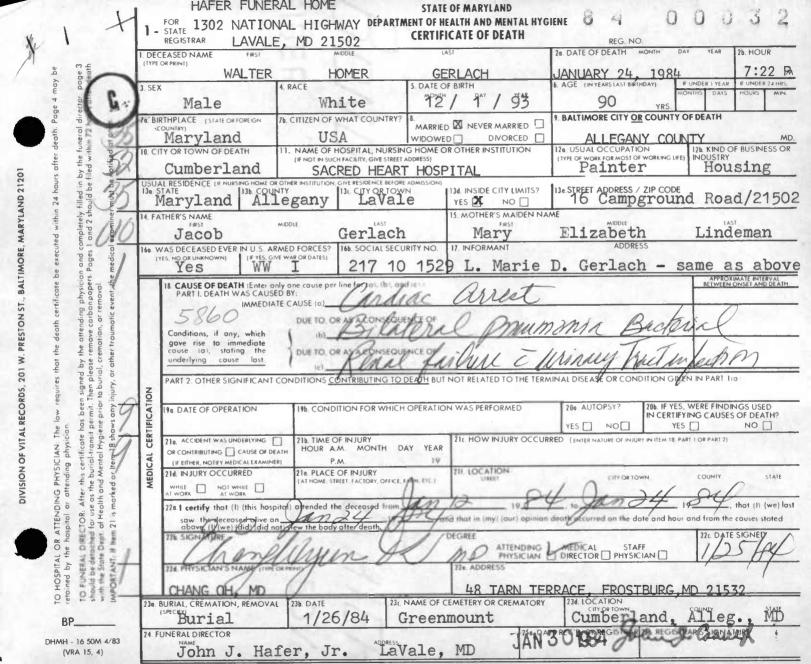
		EASED NAME	FIRST	MIDDLE		LAST	REG. NO. 2a. DATE OF DEATH MONTH	DAY YEAR 26 H
2.5	(TAPE	OR PRINT)	VICTO	R PHILL	IP F	REELAND	JANUARY 10, 19	984 6:
2.5	3. SE)			1. RACE		OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER TYEAR IF UN
G)	1	Male		White	MONT OC	t. 3, 1892	91 YRS	MONTHS DAYS HOU
11/		RTHPLACE (STATE OF FO		6. CITIZEN OF WHAT CO	UNTRY? 8.	ED NEVER MARRIED	9. BALTIMORE CITY OR COUN	
Del.	W	est Virgin	ia	USA	WIDOW		ALLEGANY COU	YTY
8/	1	TY OR TOWN OF DEA		11. NAME OF HOSPITAL, (IF NOT IN SUCH FACILITY, G		OR OTHER INSTITUTION	12a. USUAL OCCUPATION	126. KIND OF BUS
DA		Cumberland		SACRED	HEART HO		Retired Carma	n Railroa
206	USU/ 13a. S	L RESIDENCE (# NURSI	NG HOME OR O	OTHER INSTITUTION, GIVE RESIDER	OR TOWN	1 13d. INSIDE CITY LIMITS?	13e STREET ADDRESS / ZIP CO	DDE 21502
37	M	aryland	All	egany Cum	berland	YES NO X	Winchester Ro	ad 21902
BIL		THER'S NAME		AIDDLE	LAST	15. MOTHER'S MAIDEN NA		TAST
3		PhiiTip Gr	ant F	reeland		Sar	ah Annabelle Me	ssenger
lico		AS DECEASED EVER I		WILD CO. C. LEES.	AL SECURITY NO.	17. INFORMANT	ADDRESS	
medica	(1	no	(W TES, GIVE	705	-09-7246	Mrs. Alice	H. Lough, Cumber	rland, Daugh
ŧ.		18 CAUSE OF DEATH	1 (Enter only	y one couse per line for to BY:), (b), and (c).)	0 0		APPROXIMATE II
vent				E CAUSE (o)	MARC	(11hrest)		
ar re		2001)				0	
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STATE OF MARYLAND FOR EPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO 1. DECEASED NAME LAST 20 DATE OF DEATH MONTH 2b. HOUR (TYPE OR PRINT) 1984 GAY RICHARD GEORGE JAN 2000以R 4. RACE 5 DATE OF BIRTH 3 SEX 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR IF UNDER 24 HRS MONTH HOURS MALE WHITE 12 1916 DEC ME BIRTHPLACE (STATE OR FOREIGN 9. BALTIMORE CITY OR COUNTY OF DEATH 76 CITIZEN OF WHAT COUNTRY? MARRIED TO NEVER MARRIED COUNTRY U.S.A. Allegany county Cumberland WIDOWED 10 CITY OR TOWN OF DEATH NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 120 USUAL OCCUPATION 12b. KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY RETIRED CUMBERLAND. MEMORIAL HOSP CUMBERLAND. MD Westvaco DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201 or pe #SUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)
130 STATE 13b COUNTY 13c CITY OR TOWN 13c CITY OR TOWN 134 INSIDE CITY LIMITS? 13e STREET ADDRESS Allegany Barton Dogwood Flats Maryland YES TAL NO Barton, 4. FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE FIRST MIDDLE Ernest Clara Nesbitt George 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO 17 INFORMANT ADDRESS Poges (IF YES, GIVE WAR OR DATES) (YES NO OR UNKNOWN) теф MEMORIAL HOSP CUMBERLAND. MD 21502 714-16-3386 ves APPROXIMATE INTERVAL BETWEEN ONSET AND DEAT 18 CAUSE OF DEATH (Enter only one cause per PART L DEATH WAS CAUSED BY IMMEDIATE CAUSE Conditions, if any, which gove rise to immediate couse (a), stoting the underlying cause NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION prior 90 DATE OF OPERATION 20a AUTOPSY? 20b. IF YES, WERE FINDINGS USED 196 CONDITION FOR WHICH OPERATION WAS PERFORMED IN CERTIFYING CAUSES OF DEATH? NO NO [Hygi 210. ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) 80 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH Mental MEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M. 20 21d INJURY OCCURRED 21e PLACE OF INJURY 21f LOCATION STREET CITY OR TOWN AT HOME, STREET, FACTORY, OFFICE, FARM COUNTY STATE AT WORK AT WORK 220.1 certify and that in (my) (our) opinion death a first on the date and hour and from the causes stated RELEASED DEGREE + ATTENDING MEDICAL PHYSICIAN DIRECTOR PHYSICIAN ²² ADDRESS Memorial Hospital Medical Building Cumberland, MD 21502 ld b Dr. T. Williams 230 BURIAL, CREMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION Buria. Laurel Hill Cemetery BP Moscow Mills Alle 24. FUNERAL DIRECTOR Md. 21562 FEB 0 DHMH - 16 50M 1/76 (VR A 15 (4)) Service Westernport, Boals Funeral

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/	3. 5		4. RACE		OF BIRTH	6. AGE (IN YEARS LAST BIR	THOAY) IF UNDER TY	EAR IF UNDER 24 HRS
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and some		UAL RESIDENCE (IF NURSING HOM I. STATE Maryland 136. CC	DUNTY 13c	eresidence before admission CITY OR TOWN Cumberland	YES NO X		th Bel Air	Drive
)/(14.	FATHER'S NAME FIRST Jose	ph Goldenbe	erg	15 MOTHER'S MAIDEN NA	lda Cohen		LAST
/ medical	160	WAS DECEASED EVER IN U.S. (YES, NO OR UNKNOWN) THE YES		. SOCIAL SECURITY NO 217-44-0164	Mrs. Mildr	ed E. Gold,		d, Md. Wife
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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR 20 DATE OF DEATH MONTH 76 HOUR I. DECEASED NAME (TYPE OR PRINT) 2:50 GEORGE HAZEN JANUARY 31. 1984 ALFRED 6. AGE (IN YEARS LAST BIRTHDAY) 4 RACE 5. DATE OF BIRTH IF UNDER 24 HRS 3. SEX HOURS MONTH Male White 1928 Sept. 16. 9 BALTIMORE CITY OR COUNTY OF DEATH 76. CITIZEN OF WHAT COUNTRY TO BIRTHPLACE ISTATE OR FOREIGN MARRIED KNEVER MARRIED COUNTRY) WIDOWED DIVORCED U.S.A. Allegany NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION ID CITY OR TOWN OF DEATH 17g. USUAL OCCUPATION 176 KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) Minister/InstrChurch/Colleg MEMORIAL HOSPITAL CHMBERLAND USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)
130. STATE
131. CITY OR TOWN 13d INSIDECITY LIMITS? 13e STREET ADDRESS / ZIP CODE Allegany Md. Cumberland YES K 403 North Mechanic St. 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME EIRST MIDDLE FIRST Addy Lee R. Hazen Dora 403 N. 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT Mechanic St. (YES, NO OR UNKNOWN) LIFYES, GIVE WAR OR DATEST Cumberland, No 064-22-6181 Catherine Hazen APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18. CAUSE OF DEATH (Enter only one cause per line for 10), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gove rise to immediate couse (a), stating the underlying couse lost. TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING CERTIFICATION 20a AUTOPSY 206. IF YES, WERE FINDINGS USED 19n DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED INCERTIFYING CAUSES OF DEATH? NO [YES [TIL HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART TOR PART 2) 71g. ACCIDENT WAS UNDERLYING 716. TIME OF INJURY 00 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH 10 (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M III LOCATION 714 INJURY OCCURRED 21e. PLACE OF INJURY CITY OR TOWN COUNTY STATE AT HOME, STREET, FACTORY, OFFICE, FARM, ETC) NOT WHILE 220.1 certify that (1) (this haspital) attended the deceased from saw the deceased alive an and that in (my) (our) apinion death occurred on the date and hour and from the causes stated above, (1) (we) (did) (did not) view the body after death 226. SIGNATURE DEGREE 77c DATE SIGNED STAFF ATTENDING MEDICAL FUNERAL old be deto PHYSICIAN [DIRECTOR PHYSICIAN 22e ADDRESS 441 N. Centre St. 224. PHYSICIAN'S NAME (TYPE OR PRINT) IMPORT/ DR. WILLIAM P. IAMES 21502 Cumberland, Maryland 23d. LOCATION 73a. BURIAL, CREMATION, REMOVAL 23b. DATE 23c NAME OF CEMETERY OR CREMATORY (SPECIFY) CITY OR TOWN COUNTY Burial Feb. 2, 1984 Greenmount Cemt. Allegany Cumberlan 24 FUNERAL DIRECTOR ADDRES 404 Decatur DHMH - 16 50M 4/B3 Silcox-Merritt Fun'l Ser. Cumberland, Md (VRA 15, 4)

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

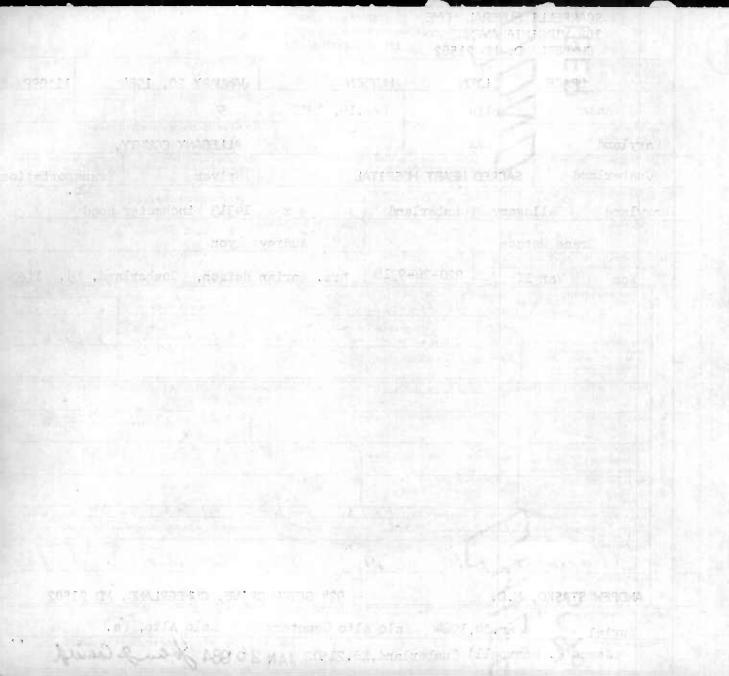
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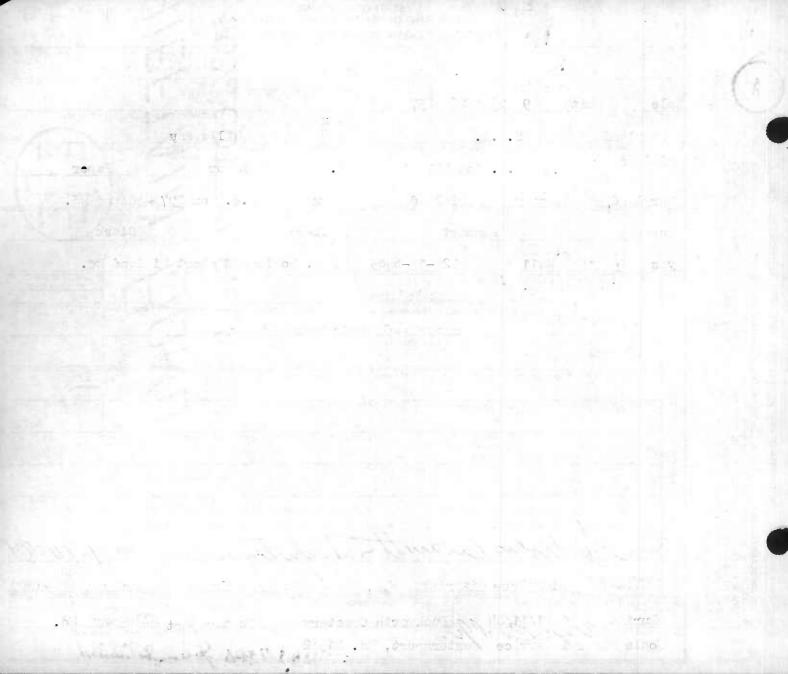
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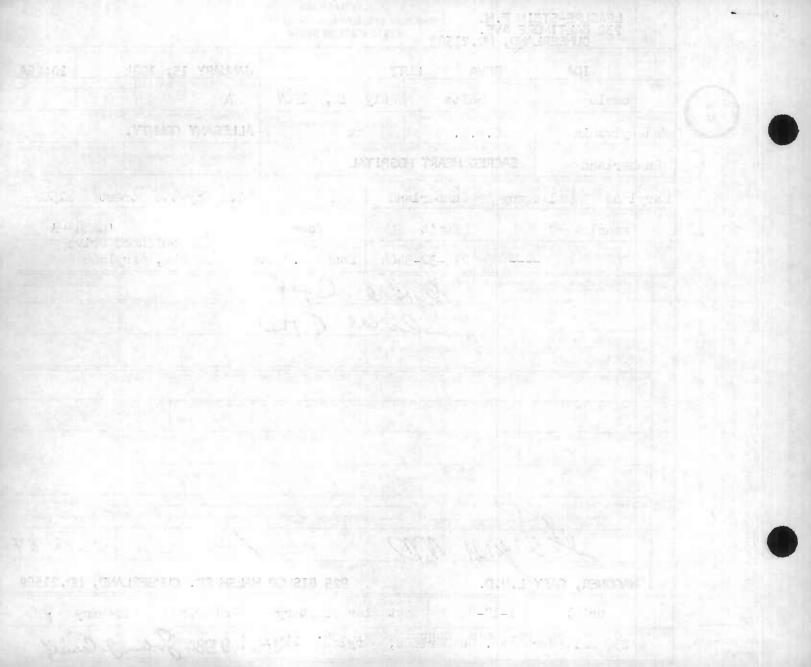
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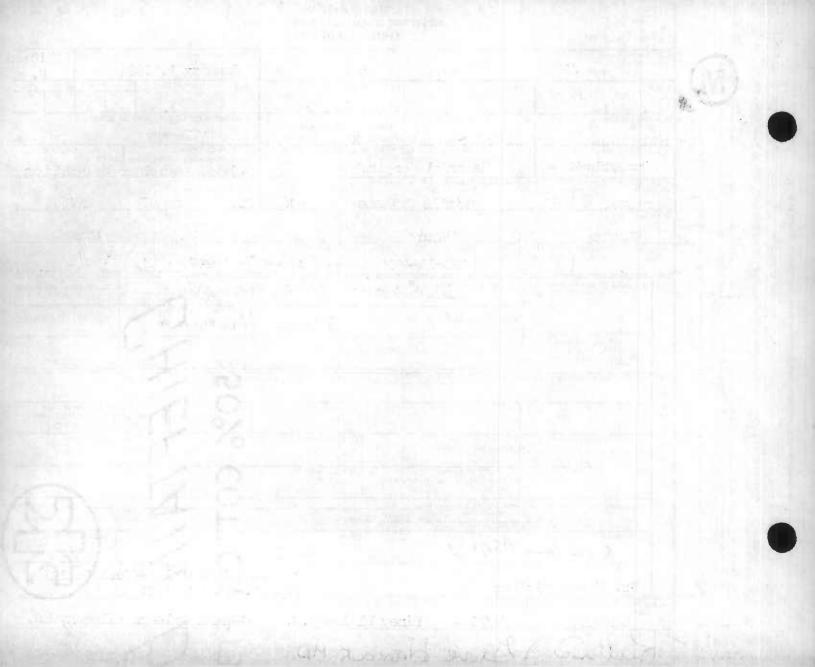
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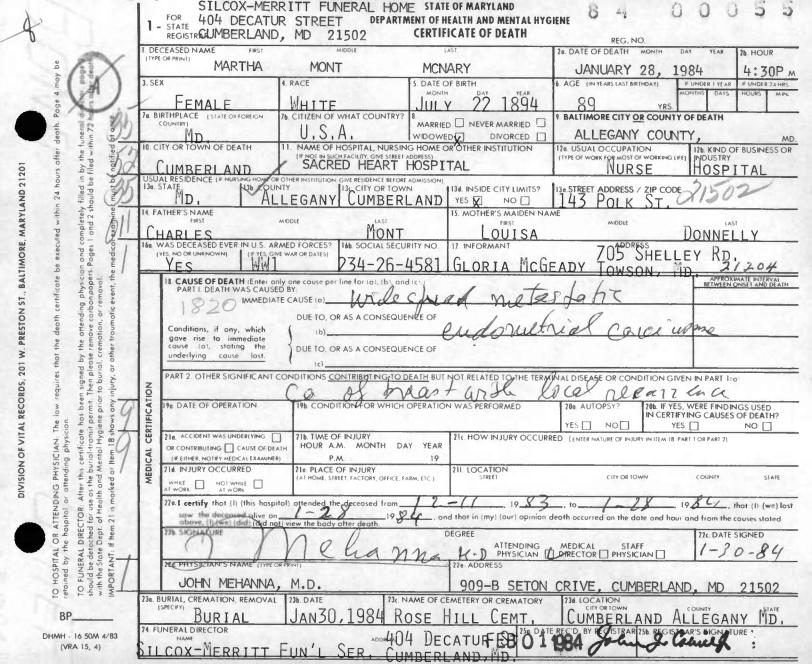


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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIEN - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO . DECEASED NAME KNOWN-E (TYPE OR PRINT) 19 84 GLENN MCCOY DEATH MATED 4. RACE 5. DATE OF BIRTH 6. AGE (IN YEARS | IF UNDER 1 YR. SEX IF UNDER 24 HRS. DATE YEAR PRONOUNCED 10 84 1630 09 8 DEAD Cau Male 76. CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH BIRTHPLACE (STATE OR MARRIED NEVER MARRIED W. Va. U.S.A. DIVORCED Allegany 128. USUAL OCCUPATION (TYPE OF WORK B. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 12b. KIND OF BUSINESS US Postal Mail carrier Memorial Hospital Cumberland SUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) Ser. 13c CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET ADDRESS New Creek West Virginia 4. FATHER'S NAME IS. MOTHER'S MAIDEN NAME Riggleman McCoy Minnie Thomas 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT ADDRESS 166. SOCIAL SECURITY NO. (YES, NO. OR UNKNOWN) I (IF YES, GIVE WAR OR DATES) Pauline McCoy Box 10 New Creek. WVa No 234-56-5083 18 CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c).) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY IS PAGE 3 SHOULD BE USED AS A BURIAL - IRANSIT PERMIT STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE, 21201 PRIOR TO BURIAL, CREMATION, OR REMOVAL. IMMEDIATE CAUSE (a) Aspiration Pneumonia 21 weeks DUE TO, OR AS A CONSEQUENCE OF 6 weeks Conditions, if any, which Closed head trauma gave rise to immediate cause (o) stoting the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. 62weeks Automobile accident PART 2 DINER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 in Atrial fibrillation; hypertension; mulptle fractures including cervical neck 19a DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 2B. AUTOPSY? Left sub-clavian vein canulation 1-8-84 NO X 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2)
Patient lost control of truck. Truck went 210. EXTERNAL CAUSE WAS HOUR A.M. MONTH DAY YEAR UNDERLYING 1410P.M. Dec 7, 1198. CONTRIBUTING CAUSE OF DEATH lover enbankment 218 PLACE OF INJURY (ATHOME STATE WHILE NOT WHILE AT WORK Grant County Road #5 Williamsport West Virginia TO MEDICAL EXAMINER: THE RECUTE THE CERTIFICATE. VPAGE 4 SHOULD BE FORW. TO FUNERAL DIRECTOR: PAFTER DEATH, WITH THE STABLE AND PAGE 1.00 PAGE 1.0 Inspection X 22a. I certify that I took charge of the remains described above, held an Autopsy ond in my opinion Accident Suicide Hamicide death resulted fram: Natural causes Undetermined manner TITLE (SPECIFY) ACTUAL 1 - 28 - 84DATE Ast. Dpt SIGNATURE MEDICAL EXAMINER EXAMINER'S NAME ADDRESS Memorial Hospital Paul Snow, M.D. (TYPE OR PRINT) 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION 23g. BURIAL, CREMATION, REMOVAL 23b. DATE Potomac Mem. Gardens Burial Keyser Mineral ROTRUCK KEYSER. W. VA. **DHMH-17** (VR A15 ME (5)) 15M 2/80

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STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

LEASURE STEIN FUNERAL HOME

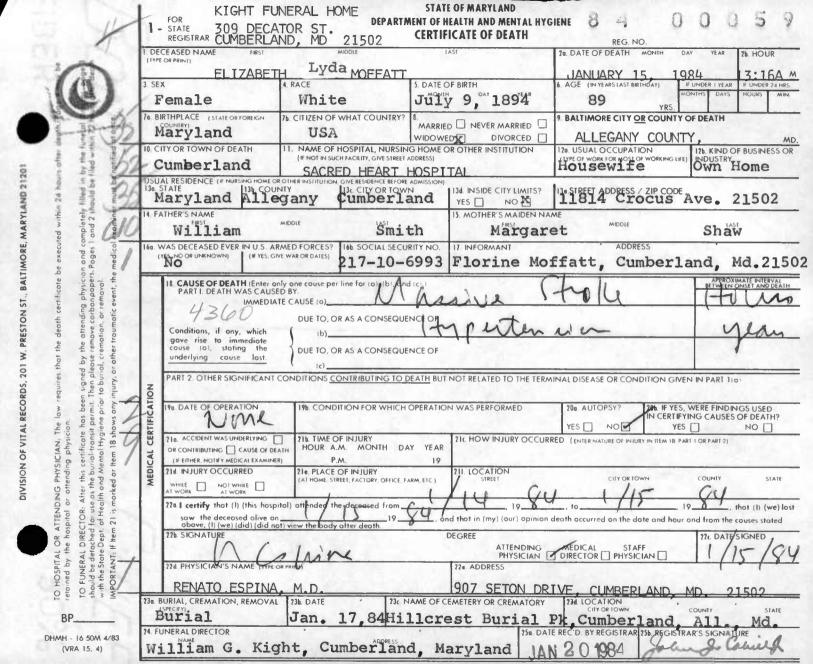
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t, the		18 CAUSE OF DEATH PART I, DEATH WA	(Enter only o	one cause per line f	far (a), (b), and	d (c).)	1			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
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ACCURATION ASSESSMENT NO. NO. OF WORLDAND TA-28-878 Free in Alety, Cantarters, and Bernard and Company Falty De entre de la contrata del contrata de la contrata de la contrata del contrata de la contrata del la contrata del la contrata de la contrata del la contrata de la contrata de la contrata de la contrata de la contrata del la co



AND LEADING TO SERVED AND THE PARTY OF THE P JULE S. 1094 bra Errela -450 ettinesmort. Danier Land JATESON TOASH OFFICE Maryland Allegany Cumberland : 11814 Crocus Avo. 21502 Rargerat mekilitw 217-10-6993 Ploring Moffett, Cumberland, Md.21502 1 Amous man ot - www. wow Man 12 09/14 BA 1/12 BA Burial Jan. 17, 84Hillorost Burial Pr. Cumborland, All., Ed. Million G. Kight, cumberland, Maryland

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	e de			est Virginia TY OR TOWN OF DEATH	11. NAME OF	OSPITAL, NURSIN		OR OTHER INSTITUTION	12a USUAL OCCUPAT	ION	12b. K	IND OF	MD. BUSINESS OR
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	ATTE ospito SCTO d for	7.5		sow the deceased alive on above, (I) (ye) (and (did no	ot) view the body	ofter death.	, 01	nd that in (my) (our) opinion	death occurred on the d	ate and ho	ur and fro	m the c	ouses stated
	OR ho	±e±		22h SIGNATURE	111			DEGREE			22c.	DATE S	IGNED
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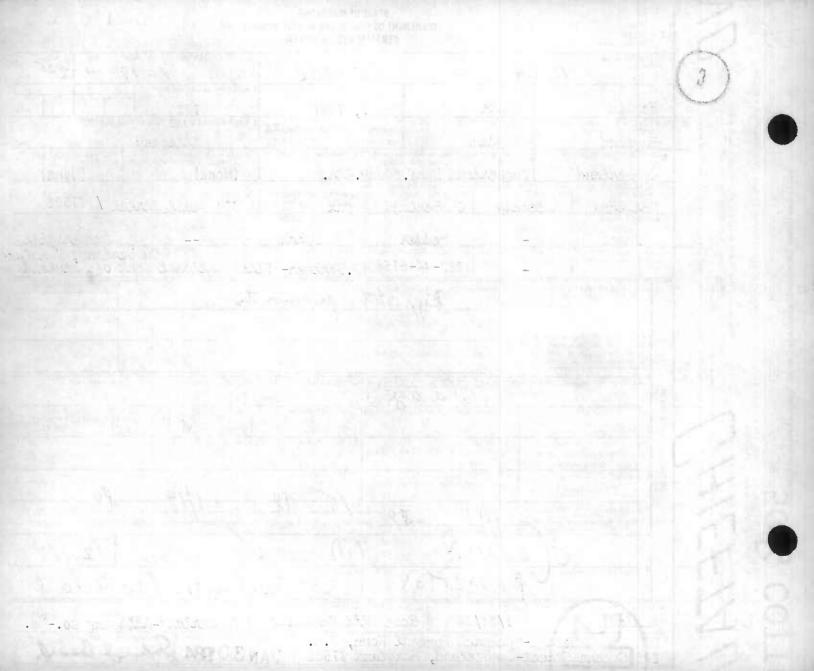
	1.	FOR STATE REGISTRAR		DEPARTI	STATE OF MARYLAND MENT OF HEALTH AND MENTAL HYO CERTIFICATE OF DEATH	GIENE 8	0 0	0 6
	I. DE	CEASED NAME OR PRINT)	first MARY	CHARLOTTE	NETZER	JANUARY 18		3:18
	3 SE	r Female	4.1	White	S. DATE OF BIRTH May 30, DAY 1915	6 AGE (IN YEARS LAST BIRT	HDAY) IF UNDER 1 YE MONTHS DA	
- Conce		RTHPLACE ISTATE OR F	FOREIGN 7b.	CITIZEN OF WHAT COUNTRY?	8. MARRIED NEVER MARRIED WIDOWED NO DIVORCED	9 BALTIMORE CITY OF	R COUNTY OF DEATH	MD.
50		TY OR TOWN OF DEA MBERLAND		NAME OF HOSPITAL, NURSIN HENOT IN SUCH FACILITY, GIVE STREET MEMORIAL HOSPIT	NG HOME OR OTHER INSTITUTION ADDRESS)	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF HOUSEWIF	ON 12b. KIN FWORKING LIFE) INDUST	D OF BUSINESS OR
Of must be	13a. S	AL RESIDENCE (# NURS STATE aryland ATHER'S NAME		TER INSTITUTION, GIVE RESIDENCE BEFORE 13c. CITY OR TOW	E ADMISSION) /N 13d. INSIDE CITY LIMITS?	130.STREET ADDRESS /	ZIP CODE h Smallwoo	d St. 2150
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e prior to buriol, cremotives only injury, or other troe	CERTIFICATION	Conditions, if any, gave rise to improve to improve (a), stating underlying cause PART 2 OTHER SIGN 19a DATE OF OPERA	mediate ng the last.		ENCE OF DEATH BUT NOT RELATED TO THE TERM OPERATION WAS PERFORMED	MINAL DISEASE OR CONL	DITION GIVEN IN PAR 20b. IF YES, WERE FIN IN CERTIFYING CAU	NDINGS USED
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rked or Item	MEDICAL	21d INJURY OCCUR	RED	P.M. 21e PLACE OF INJURY 1AT HOME, STREET, FACTORY, OFFICE.	19 211 LOCATION STREET	CITY OR TO	wn Connia	STATE
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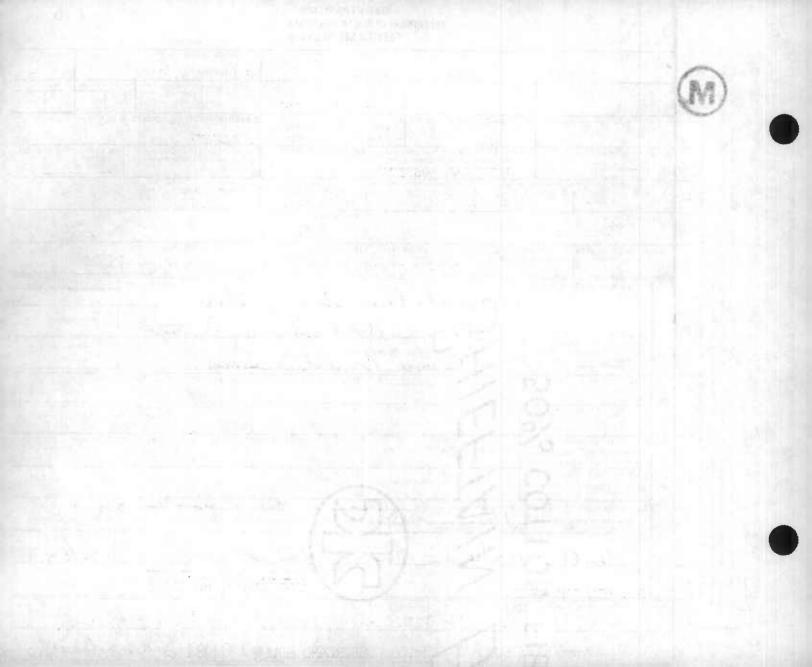
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		REGISTRAR			VA DEPARTM		ICATE OF DEATH	REG. NO.			
1		OR PRINT)	FIRST		MIDDLE	ı	AST	20. DATE OF DEATH MO	ONTH DAY	YEAR 2b. HOUR	
			DNALD		LARK		AND SR.		1984	9:40 A	M
1	3. SE		4	RACE		5. DATE C		6 AGE (IN YEARS LAST BIRTHD)	MONTH	DER I YEAR IF UNDER 24 HR	_
1-		Male		White		Ma:	r. 26, 1926		YRS.		
1/2	7a BI	RTHPLACE (STATE OR COUNTRY) Penna.	FOREIGN 7	USA	WHAT COUNTRY?	MARRIE WIDOWE	D NEVER MARRIED DIVORCED	9 BALTIMORE CITY OR C			MD
1		ty or town of DE Cumberlai		IF NOT IN SUC	HOSPITAL, NURSING CH FACILITY, GIVE STREET A SACRED HE	ADDRESS)	OR OTHER INSTITUTION	120 USUAL OCCUPATION (1YPE OF WORK FOR MOST OF WO Baker	ORKING LIFE) IN	b. KIND OF BUSINESS C IDUSTRY Bakery	OR
35	USU.	AL RESIDENCE (IF NUR STATE Md		OTHER INSTITUTION TY		ADMISSION)	136 INSIDE CITY LIMITS? YES NO	Rt. #2 Box	IP CODE	21555	
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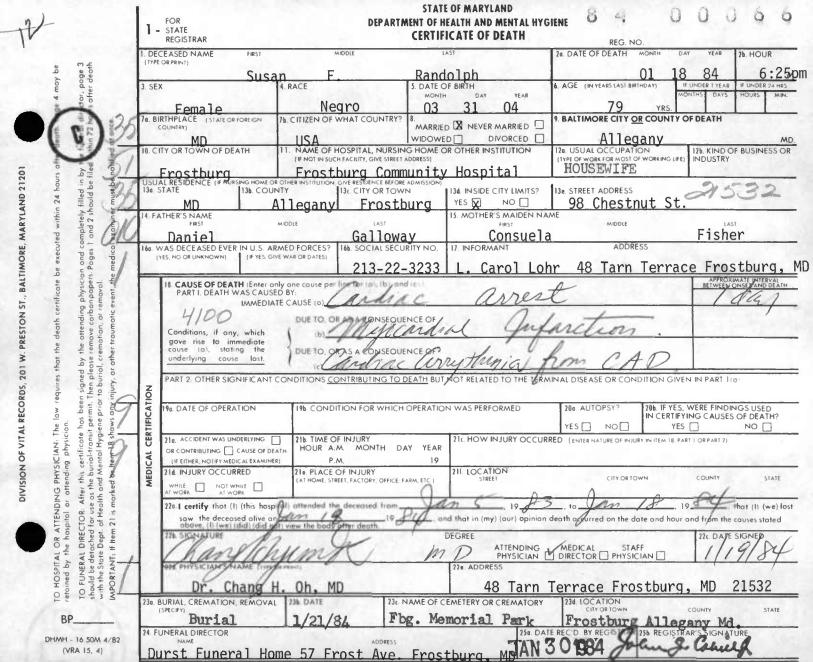
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should be detoo with the Stote D IMPORTANT: #	236. BURIAL, CREMATION, REA	AOVAL 236. DATE 23c. NAME OF CEMETERY OR CREMATO	DRY 123d LOCATION
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4)	202 Greene S	orge-Upchurch Funeral Home, P.A. 1250 treet-Cumberland, Maryland 21502	JAN 301984 John & Court :





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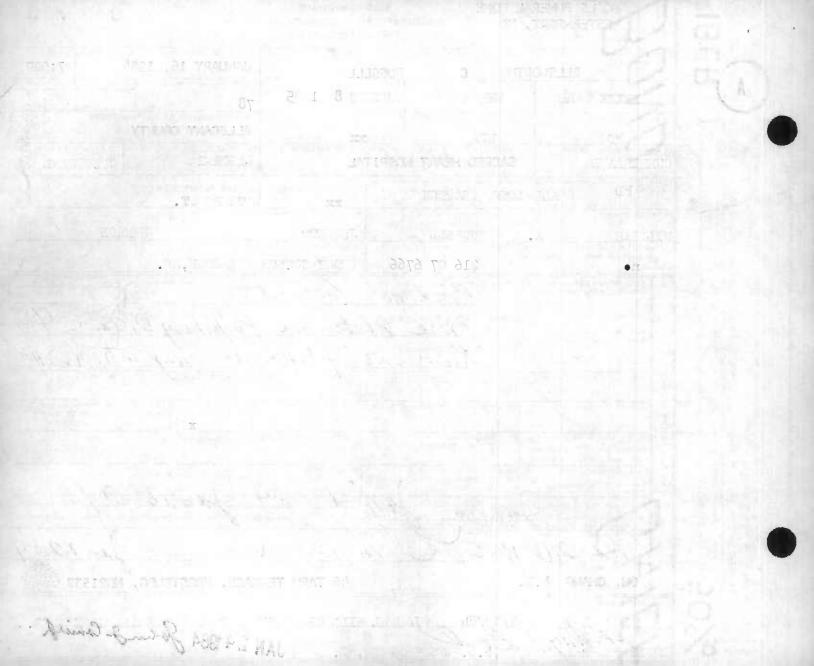
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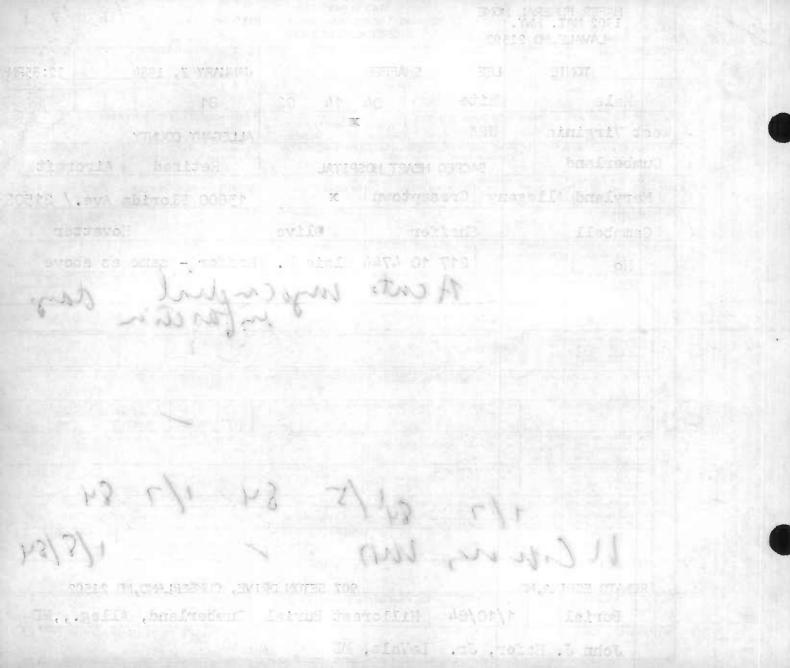
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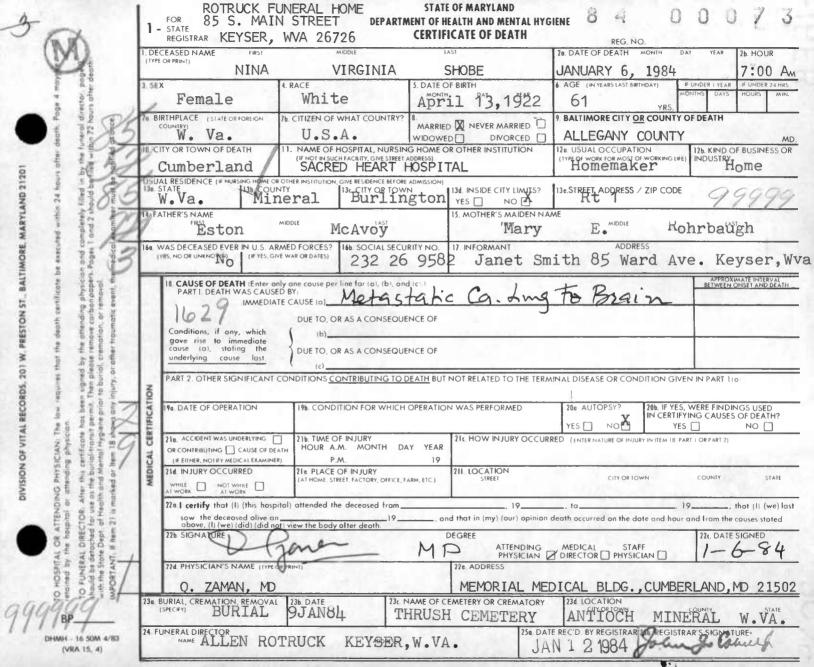




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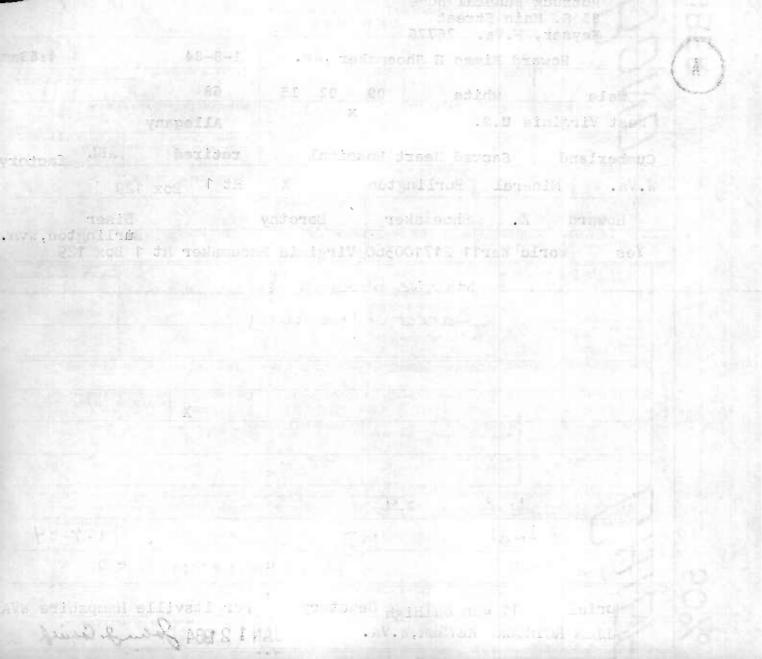
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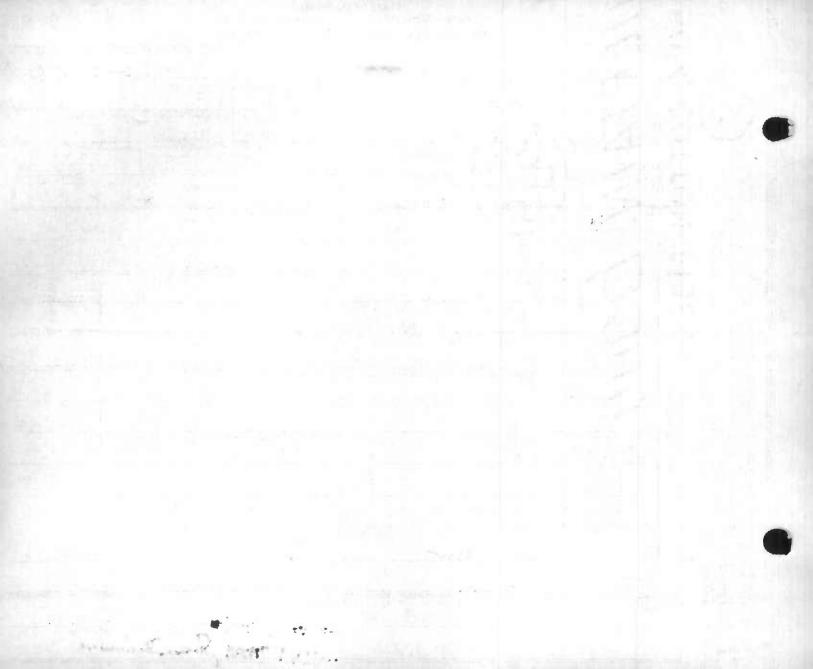


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1 per		sow the deceased alive on abave, (I) (we) (did) (did not)	view the body after death.	, one	d that in (my) (our) apinion	death occurred on the date and	hour and from th	e couses stated
At OR J the ho deteched deteched		226. SIGNATURE	all		D AT	TENDING HYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	110	8-84
O HOSPI TO FUNE Hould be		22d. PHYSICIAN'S NAME (TYPE ORP Ragaa Fa	d		Sac 1	red H	eart Hospital	E.D.	
-00000		URIAL, CREMATION, REMOVAL	23b. DATE 23c N	AME OF CE	METERY OR CE	REMATORY	23d. LOCATION	COUNTY	61.415
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DHMH 16 50M 4/83 (VRA 15, 4)	24 FL	NAME ALLEN ROTR		0		JA	N 1 2 1984	GISTRAR'S SIGN	ture.



DECEASED NAME (PRECIPIES MARCELLIIS Lessington Slider Sli		1-	FOR STATE REGISTRAR			SI DEPARTMENT O DICAL EXAM	F HEALTI		ENTAL HY		4	0 (0 0 /	5
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			22a 1 certi	y that I took charg	je of the remains des	scribed above, held a	Autop	sy .	Inspection	X, Inqu	iry X,	and in my o	pinion	
22a Certify that took charge of the remains described above, held an Autopsy . Inspection X, Inquiry X, and in my opinion			death result	ed from: Natur	ral causes 🛣 ,	Acqident .	Svicide	, Hamic	ide	Undetermined	monner],		
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3. SE	M	4. RACE	12 18	1'3 6. AGE (11	YRS. IF UN	DER 1 YR. IF UNDER	24 HRS. 2c. DA MIN. PRONOL DEA	INCED	MONTH	7 1984	24. HOUR 6:49
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7	Cumbe	rland	Sacred	Heart	Hospi		POR MOST OF	ing inee	er 12b	or industr	SINESS Ng
130.	Ma	13b APIN	or other institution, give Legany	130 ME Sav	age	13d. INSIDE CITY LIMITS? YES NO 🏡	13e. STREET ADD Box	74		21545	
1	Charle		MIDDLE	Smith	DITY NO	Jennie Jennie		ADDRESS	No	rris	
160.	NO NO OR UNKN	OWN) IF YES, GIVE	MED FORCES? WAR OR DATES)	220 10	4596	Geraldi	ine V. S	Smith -	- as	above	
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CERTIFICATION		FOPERATION		ON FOR WHICH O						20 AUTOPSY?	NO.
MEDICAL CE	UNDERLYIN CONTRIBUT 21d. INJURY WHILE AT WORK	ING CAUSE OF OCCURRED NOT WHILE AT WORK	DEATH P.M. 21e PLACE OF STREET, FACTOR	MONTH DAY Y 19 INJURY (AT HOME RY, FARM, ETC.)	EAR 211. LOC	CATION REE1 J Inspection	CITY OR	TOWN	COUNT	ſγ	STATE
2/	death result ACTUAL SIGNATURE EXAMINER'S (TYPE OR PR	MAME A	ral causes A.	accident ,	Suicide	TITLE (SPECIFY) D. La puri	MEDICAL EXA	MINER DR. (DATE SIGNED	1-7- BERLA	84 nd, M
	(SPECIFY)	rial	1/10/84	Rest		Mem. Gar.	23d. LOCATION CITY OR TOWN LaVale REC'D. BY REGISTI		county	, MD	ATE
1.	NAME	n J. Ha	fer. Jr.	LaVal	e. MD	741	N 1 0 198	4 /00	and sign	. Coluce	R

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TYPE OR PRINTS

DHMH - 16 50M 4/82

(VRA 15, 4)

REGISTRAR

I. DECEASED NAME

-Paca St. 21502 Jackson L.M.N.H., Seton Drive, Cumberland, MD CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) COUNTY STATE 10 USY and that in (my) (our) opinion death occurred on the date and hour and from the causes stated 22c DATE SIGNED MEDICAL STAFF 14 Scott Court, Cumberland, MD 21502 Cumberland, Allegany, Md. 24 FUNERAL DIRECTOR F. Scarpelli 250 DATE REC'D. BY REGISTRAR 256, REGISTRAR'S SIGNATURE Cumberland, Md.

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

REG. NO.

2b. HOUR

12b. KIND OF BUSINESS OR

Groc. Store

12:42

IF UNDER 24 HRS.

06 84

IF UNDER I YEAR

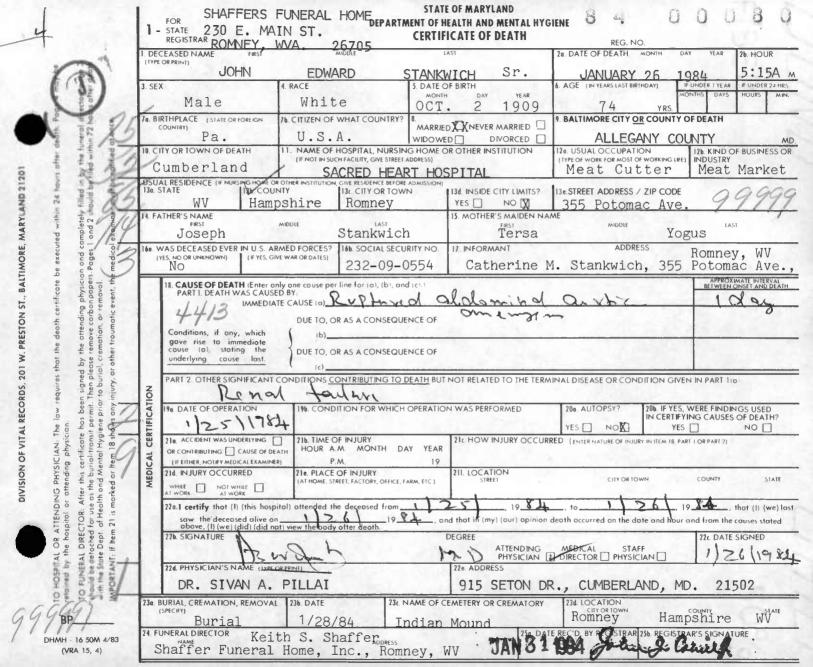
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+	1 -	FOR STATE REGISTRAR		DEPARTI	MENT OF HE	ALTH AND MENTAL HYG CATE OF DEATH	REG. NO.	0 () / 9
	1 DEC	CEASED NAME FI	RST	MIDDLE	LA	51	20. DATE OF DEATH MONTH	DAY YEAR	2b. HOUR
decay /	3. SEX	ANT	HONY T	THOMAS	SPAT.	MANAGE TO SERVICE THE SERVICE	JANUARY	14,198	4 11:35 ~
	3. SE				MONTH	DAY YEAR	AGE (INTERRSTRATIONAL)	MONTHS DAYS	HOURS MIN.
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1/2/2	Ma. Bi	RTHPLACE (STATE OR FORE)	USA	F WHAT COUNTRY?		MEVER MARRIED	9. BALTIMORE CITY OR COUNT ALLEGANY	YOFDEATH	MI
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n ond cor Pages 1 .		VAS DECEASED EVER IN I		182-01-4		17 INFORMANT	ADDRESS argaret Spataro,		ife burg.Md.
equires that the death cert signed by the attending i hen please remove carbon to burial, cremotion, or ret njury, or other traumatic ev	NO	Conditions, if any, which gave rise to immedicause (0), stating	ote the ost (c)_	PHEMM	D me	valoula	AINAL DISEASE OR CONDITION GI	VEN IN PART I	(0)
ion. hos beer f permit. ene prior	CERTIFICATION	19a DATE OF OPERATION	N 196. CON	DITION FOR WHICH	OPERATION	WAS PERFORMED	IN CERT	S, WERE FINDI FYING CAUSES ES []	INGS USED S OF DEATH? NO
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G PH orthi	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLAC	E OF INJURY STREET, FACTORY, OFFICE,	FARM, ETC.)	21f. LOCATION STREET	CITY OR TOWN	COUNTY	STATE
ATTENIOSpital ECTOR: d for us it, of He m 21 is		22s.1 certify that (1) (the saw the deceased a above, (1) (we) (did) 22b. SJENATURE		1 9 19	, and	that in (my) (our) opinion	death occurred on the date and ho		that (I) (we) last e causes stated E SIGNED
F D O O		22d. PHYSICIAN'S NAME	/	Name	14,	MO ATTENDING PHYSICIAN [MEDICAL STAFF DIRECTOR PHYSICIAN	1-	17-84
TO HOSPITA retained by TO FUNERAL should be de with the Start		DR. R. BA		23c.	NAME OF CE	Memorial Ho	Cumberland, Mc espital Medical I		
BP		Burial	1-17-	1984 C	ooks C	emetery	Wellersburg,	Pa.	STATE
DHMH - 16 50M 4/83 (VRA 15, 4)	24 FU	JNERAL DIRECTOR	. Scarpell	i, Cumber	land.M	d.21502 JAN	E 23 BSA STREETS PLOTS	A Can	all.

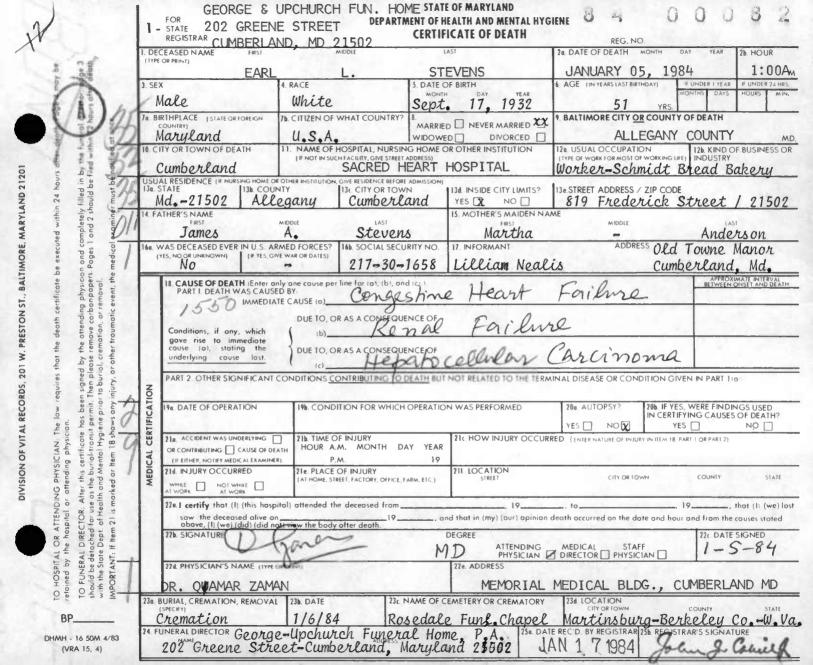
in modern and production of the name of the company angested heart failure conditioners colley Demoster vilalos livera ACAL-1 AS H-PA AL Interesting I Have I ME 1.3-61-1 The second secon year tempor inflocts | WW - 1-7-7



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m 6			EASED NAME	FIRST	WIDDLE	ŁAST		2a. DATE OF DEATH	MONTH DA	YEAR	11:00
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m m	C	3. SE X	h Lught I	4. RACE	4100	S. DATE OF BIRTH		6. AGE (IN YEARS LAST BIR	THOAY] II	UNDER TYEAR	IF UNDER 24 HR
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STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

REG. NO

BURDOCK FUNERAL HOME

P.O. BOX 523

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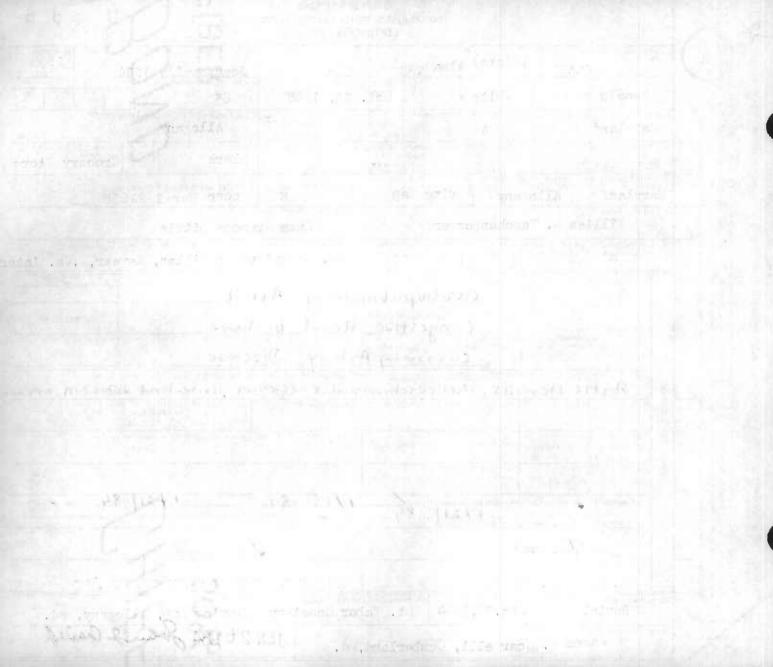
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William S. Might, Cumberland, Maryland

V		PET DIT 2/2/8 FOR STATE REGISTRAR	DEPARTMENT (TATE OF MARYLAND OF HEALTH AND MENTAL HYG TTIFICATE OF DEATH	IENE 8 4	00088
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DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME O DATE KNOWN MONTH Hugh (TYPE OR PRINT) Walsh ESTI-Joseph DEATH MATED 190 4. RACE 5. DATE OF BIRTH & AGE (IN YEARS 3. SEX IF UNDER 1 YR. IF UNDER 24 HRS 20. DATE ES BIRTHDAY PRONOUNCED Male White DEAD YRS BIRTHPLACE (STATE OR 76 CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COUNTRY! U.S.A. WIDOWED TO Allegany County arvland DIVORCED III CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 12a USUAL OCCUPATION (TYPE OF WORK 126, KIND OF BUSINESS Sacred Heart Hospital Cumberland ALRESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION 136. STREET ADDRESS 136. COUNTY 13d. INSIDE CITY LIMITS? 13a. STATE 13r CITY OR TOWN 21502 Allegany Brant Ave. Maryland resaptown YES TE NO 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE MIDDLE John Walsh Annie 166 SOCIAL SECURITY NO. 17. INFORMANT 16a WAS DECEASED EVER IN U.S. ARMED FORCES? ADDRESS (YES, NO. OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 213-24-5438 Joseph Walsh, son 13a-e. same as APPROXIMATE INTERVAL 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). BETWEEN ONSET AND DEATH USED AS A BURIAL - TRANSIT PERMITOR HEALTH AND MENTAL HYGIENERIAL, CREMATION, OR REMOVAL PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a DUE TO OR AS A CONSEQUENCE OF Canditians, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 ID 19a DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? WRITING, ARDED TO THE CARE 3 SHOULD BE UT ATE DEPARTMENT CALE DEPARTMENT CALED BE UT ATE DEPARTMENT CA YES 210 EXTERNAL CAUSE WAS 216. TIME OF INJURY 21¢ HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 21 HOUR A.M. MONTH DAY YEAR OR UNDERLYING CONTRIBUTING CAUSE OF DEATH 21e PLACE OF INJURY (ATHOME 211 LOCATION EXECUTE THE CERTIFICATE, WRITIN PAGE 4 SHOULD BE FORWARDEE TO FUNEAL DIRECTOR: PAGE 3. AFTER DEATH, WITH THE STATE DE BALTWORE, MARYLAND, 21201 P STREET, FACTORY, FARM, ETC.) STREET STATE CITY OR TOWN COUNTY WHILE NOT WHILE 22a I certify that I took charge of the remains described above, held an * Autopsy and in my apinian death resulted fram: Natural causes Accident Suicide Undetermined manner EXAMINER'S NAME (TYPE OR PRINT) 23d, LOCATION 230 BURIAL CREMATION REMOVAL 236 DATE COUNTY Restlawn Memorial Burial aVale BP 24 FUNERAL DIRECTOR Leasure-SteimesFuneral Home, Inc. **DHMH - 17** 230 Baltimore Avenue Cumberland, Maryland (VR A15 ME (5)

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STATE OF MARYLAND

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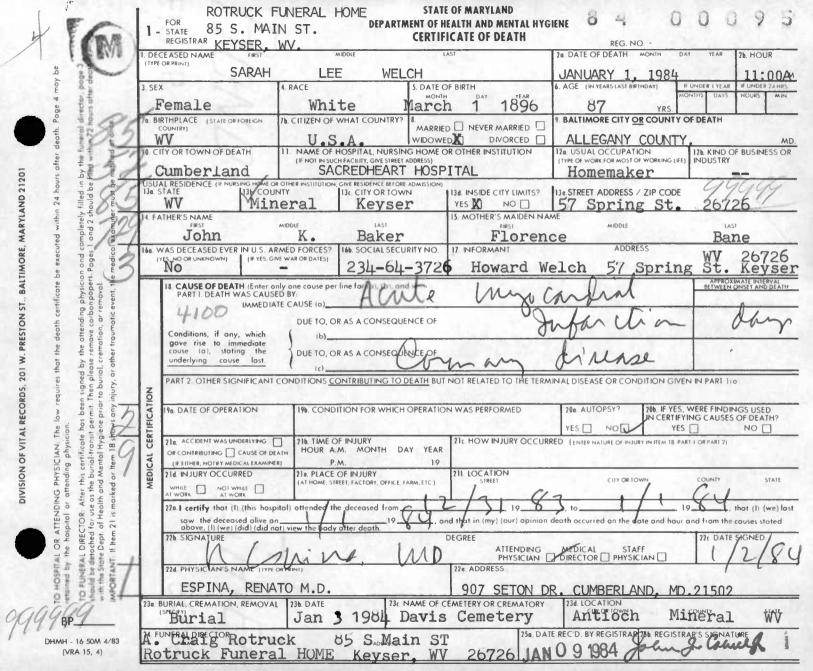
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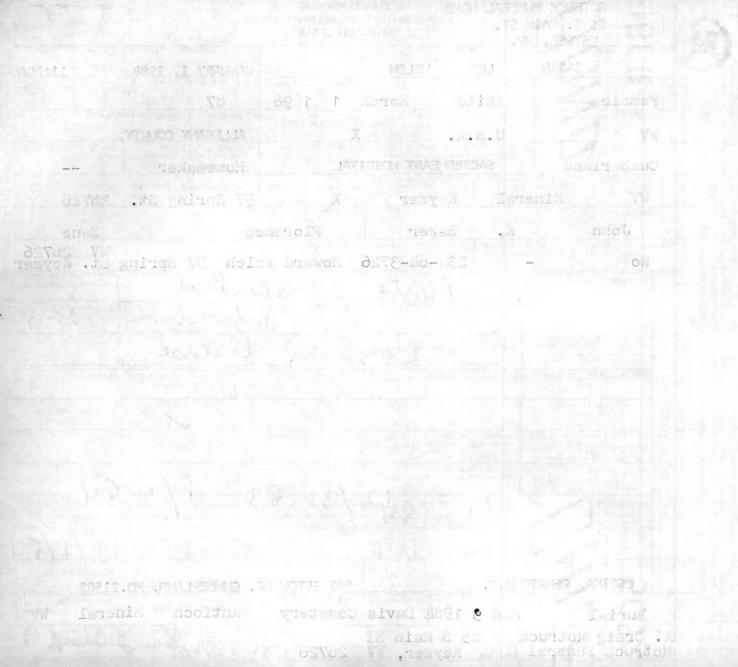
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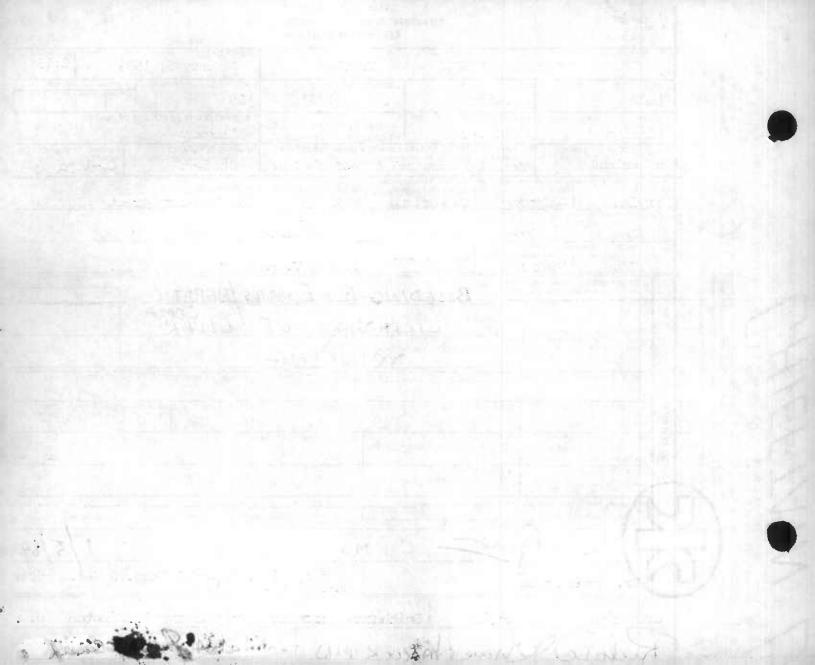
STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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No. of the last of	7a BI	RTHPLACE (STATE O		LULTER				A UOF THE LEVEL TWO I OU	KIHDAY)		IF UNDER 24 HR
	W	COUNTRY	7	WHITE		NOV.	11, 1907	76	YRS.		HOURS MIN
100	10 C	EST VIRGI		USA	what country?	8. MARRIEI WIDOWE	D NEVER MARRIED DIVORCED	9. BALTIMORE CITY OF ALLEGAN	OR COUNTY OF		٨
欽	CII	MBFRLAND		SACR	ED HEART	HOSPI	OR OTHER INSTITUTION	120 USUAL OCCUPAT (TYPE OF WORK FOR MOST) EDUCATOR	OF WORKING LIFE)	EDUC	BUSINESS C
111	13a. S MA	AL RESIDENCE (# NU STATE RYLAND	13b COUNTY		CHRISFIE	/N	138. INSIDE CITY LIMITS?	Rural	ZIP CODE	12 21	817
110	N	ISAAC		C.	WHITE			DUISE RAINES		LAST	
1	- 1	VAS DECEASED EVE YES, NO OR UNKNOWN) NO	(IF YES, GIVE W		220-18-9		FDWARD WHIT	TE, AMERICUS		Α	
9	CERTIFICATION	PART 2 OTHER SK	SNIFICANT CO	nditions <u>co</u>		DEATH BUT	NOT RELATED TO THE TE	RMINAL DISEASE OR CON	20b. IF YES, W	ERE FINDING	OF DEATH?
9		210. ACCIDENT WAS U OR CONTRIBUTING	CAUSE OF DEATH	21b. TIME O HOUR A./	M. MONTH D	AY YEAR	21c HOW INJURY OCCU	VES NO	YES	OR PART 2)	ио 🗍
/	MEDICAL	21d. INJURY OCCU	RRED	21e. PLACE (21f LOCATION STREET	CITY OR TO	NWC	COUNTY	STATE
PORTANT: If them 21 is mo		220 I certify that saw the dece above, (I) (we) 22b. SIGNATURE	ised alive an didd) (did) (did nat) v	view the bady	19				AFF.		IGNED /8

Fred John Johns

4		CEASED NAME FIRST LORA	LORITA	WHITE	24 DATE OF DEATH JANUARY 13	MONTH DAY YE	2b. HOUR 15:35PA
D E	3. SE	(4 RACE	5. DATE OF BIRTH	6. AGE IN YEARS LAST BIRT		YEAR IF UNDER 24 HRS
5 //-		Female	White	Aug. 26, 1918	65	YRS.	HOURS MIN.
22 hou	(RTHPLACE ISTATE OR FOREIGN COUNTRY)	76. CITIZEN OF WHAT COUNTRY?	8 MARRIED NEVER MARRIED WIDOWED DIVORCED	9 BALTIMORE CITY OF ALLEGANY		Н
led within	10 CI	TY OR TOWN OF DEATH		IG HOME OR OTHER INSTITUTION	12a USUAL OCCUPATION OF WORK FOR MOST OF HOusewill	ON 126 KIN FWORKING LIFE) INDUS	ND OF BUSINESS OR JRY Home
one of the second per	13a. S	t Virgini dam	r OTHER INSTITUTION. GIVE RESIDENCE BEFORE NTY 13t. CITY OR TOW Points		13. STREET ADDRESS / Star Rt.	ZIP CODE Box 116	99999
2 July 14	16. FA	Arthur Warnick	MIDDLE LAST		Setzer MIDDLE		LAST
Medicol 2	5	VAS DECEASED EVER IN U.S. AF YES, NO OR UNKNOWN)	RMED FORCES? 166 SOCIAL SECU VE WAR OR DATES) 218 03		ADDRE		inia
		Candiday II of 111	1				
any injury, or other tra	CATION	Conditions, if ony, which gove rise to immediate cause to), storing the underlying cause lost. PART 2. OTHER SIGNIFICANT 19a DATE OF OPERATION		ENCE OF DEATH BUT NOT RELATED TO THE TERM OPERATION WAS PERFORMED	MINAL DISEASE OR CONG	20b. IF YES, WERE FI	NDINGS USED
hows any injury, or other tra	RTIFICATION	gove rise to immediate cause (a), stating the underlying cause lost. PART 2. OTHER SIGNIFICANT 19a DATE OF OPERATION	CONDITIONS CONTRIBUTING TO I	DEATH BUT NOT RELATED TO THE TERM	20a AUTOPSY? YES NO	20b. IF YES, WERE FI IN CERTIFYING CAU YES [NDINGS USED USES OF DEATH? NO [
ed or Item 18 shows any injury, or other tra	MEDICAL CERTIFICATION	gove rise to immediate cause (a), stating the underlying couse lost. PART 2. OTHER SIGNIFICANT 19a DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING COCONTRIBUTING CAUSE OF DE CIF ETHER. NOTIFY MEDICAL EXAMINE 21d. INJURY OCCURRED WHILE NOT WHILE	CONDITIONS CONTRIBUTING TO I	OPERATION WAS PERFORMED 21c. HOW INJURY OCCUR	20a AUTOPSY? YES NO	20% IF YES, WERE FI IN CERTIFY ING CAU YES [] IY IN ITEM 18, PART 1 OR PAR	NDINGS USED USES OF DEATH? NO
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Hygiene 18 shows	MEDICAL CERTIFICAT	gove rise to immediate cause (a), stating the underlying couse lost. PART 2. OTHER SIGNIFICANT 19a DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE (IF ETHER, MOTHEY MEDICAL EXAMINE 21d. INJURY OCCURRED WHILE ALWORK AT WORK 22a. 1 certify that (b) (this hosp sow the deceased alive or above, (l) (we) (did) (did not alive or above, (l) (we) (did) (did not alive or above)	CONDITIONS CONTRIBUTING TO I 19b. CONDITION FOR WHICH 21b. TIME OF INJURY HOUR A.M. MONTH D. P.M. 21c. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, 6 11 13 19 OR PRINT) DIDIAN, M.D.	OPERATION WAS PERFORMED 21c. HOW INJURY OCCUR 19 21f. LOCATION STREET DEGREE ATTENDING PHYSICIAN 22e ADDRESS	200 AUTOPSY? YES NO CITY OR TO	20b. IF YES, WERE FI IN CERTIFYING CAL YES :: RY IN ITEM 18 PART 1 OR PAR WN COUNT on the ond hour ond from 22c. C	NDINGS USED USES OF DEATH? NO

PETER DE SER YEARDE YTHE MANERALE CALVELLE OF THOUSE FOR THE SAME TO SHORT IT ASSESSED TO SAME TO SAME THE SAME TO SAME THE SAME TO SAME THE SAME SARES . Some The The The The The The Second Street of Charles Chaired

	I. DEC	EASED NAME FIR	251	MIDDLE	LAST		REG. N		DAY YEAR	2b. HOUR
ofter death		OR PRINTI	JTH	IDA	WILKS		JANUARY	13. 10	184	20:40F
o do	3. SE)		4. RACE	10/1	S. DATE OF BIRT	н	6 AGE (IN YEARS LAST B	RIHDAY)	IF UNDER TYEAR	IF UNDER 24 HR
		Female	Wh	ite	08 (3 26 1	57	YRS.	AONIHS DAYS	HOURS MIN
25		RTHPLACE (STATE OR FOREK		WHAT COUNTRY	8 MARRIED X	NEVER MARRIED	9 BALTIMORE CITY		OF DEATH	
0/1	1	Maryland		SA	WIDOWED	DIVORCED	□ ALLEGAN		Υ,	Α
分	(TY OR TOWN OF DEATH Cumberland	SACR	HOSPITAL, NURSI DICH FACILITY, GIVE STREE ED HEART	HOSPITAL	HER INSTITUTION	17ª USUAL OCCUPA (TYPE OF WORK FOR MOST HOUSE)		INDITION	Home
外	13a S		COUNTY	13c. CITY OR TOV	VN 113d I	NSIDE CITY LIMITS	13e STREET ADDRESS	/ ZIP CODE	St./21	5/92
~		Maryland	Allegany	Trosu		OTHER'S MAIDEN		lalli k	100/21	202
10		Bert	WIDDLE	Rizer		Pearl	WIDDLE		Niner	12
		/AS DECEASED EVER IN U	J.S. ARMED FORCES?		JRITY NO. 17 IN	IFORMANT	ADDI	ESS		
1		No	TES, GIVE WAR OR DATES	579 36	3670 E	dward W.	Wilks - s	same a		
	100	PART I. DEATH WAS O	CAUSED BY: MEDIATE CAUSE (0)	80	aya O	ne last	2117		BETWEEN	MATE INTERVAL ONSET AND DEAT
al, cremation,	46.4		oich (b)_	OR AS A CONSEQU OR AS A CONSEQU	Jan 1	OC C	a of br	roor		
0			ANT CONDITIONS	ONTRIBUTING TO	DEATH BUT NOT				EN IN PART L	0
mlury.	NO	PART 2 OTHER SIGNIFIC				RELATED TO THE TE	RMINAL DISEASE OR COI	ADITION GIVI		
2	TIFICATION	PART 2. OTHER SIGNIFIC		DITION FOR WHICH			RMINAL DISEASE OR COI	20b. IF YES	, WERE FINDI YING CAUSES	NGS USED S OF DEATH?
9	CAL CERTIFICATION		ING 216 TIME HOUR A		OPERATION WA	S PERFORMED	20a AUTOPSY?	20b. IF YES IN CERTIF' YES	, WERE FINDI YING CAUSES	OF DEATH?
tived or them III showings injury.	MEDICAL CERTIFICATION	190 DATE OF OPERATION 21a ACCIDENT WAS UNDERLY OR CONTRIBUTING CAUST	ING 196 CONI	OF INJURY A.M. MONTH D	AY YEAR	S PERFORMED	200 AUTOPSY? YES NO	20b. IF YES IN CERTIF' YES	, WERE FINDI YING CAUSES	OF DEATH?
21 is marked or Rem Lift shows any injury.		190 DATE OF OPERATION 21a. ACCIDENT WAS UNDERLY OR CONTRIBUTING	ING TABLE TIME HOUR A KAMINER) 21e PLACE (AT HOME S	OF INJURY A.M. MONTH D F.OF INJURY F.OF INJURY REET, FACTORY, OFFICE	AY YEAR 19 FARM EIC)	S PERFORMED HOW INJURY OCC OCATION STREET	200 AUTOPSY? YES NO	206. IF YES IN CERTIF' YES	WERE FINDS YING CAUSES S	STATE
T. If New 21: is marked or them 18 shows pay injury.		21a ACCIDENT WAS UNDERLY OR CONTRIBUTING CAUSI (# EITHER NOTIFY MEDICAL EXITED IN THE NOTIFY MEDI	ING 21b. TIME HOUR ARAMINER) 21e. PLACE (AT HOME S 1 hospital) oftended to live on aid not yiew the bod	OF INJURY A.M. MONTH D F.OF INJURY F.OF INJURY REET, FACTORY, OFFICE	AY YEAR 19 211 1 FARM EIC) 211 1 DEGRI	OCATION SIREET in (my) (our) opini E ATTENDING PHYSICIAN	YES NO URRED (ENTER NATURE OF INJ	20b. IF YES IN CERTIF' YES	WERE FINDS YING CAUSES S	STATE that (I) (we) lo couses stated
A DETAIL If then 21 is marked or then Its shows any injury.		196 DATE OF OPERATION 710 ACCIDENT WAS UNDERLY OR CONTRIBUTING CAUST (IF EITHER NOTIFY MEDICALE) 21d. INJURY OCCURRED WHILE NOT WHILE AT WORK NOT WHILE AT WORK 270.1 certify that (1) (this sow the deceased of above, (1) (w. 11.1)	ING The Print of the bod (TYPE OR PRINT)	OF INJURY A.M. MONTH D F.OF INJURY F.OF INJURY REET, FACTORY, OFFICE	AY YEAR 19 211. FARM EIC) 211 1 BLC ond tho	OCATION STREET In (my) (our) opini E ATTENDING PHYSICIAN ADDRESS	VES NO URRED (ENTER NATURE OF INJURED), 10 On death occurred on the COMPACTOR PHYSI	206 IF YES IN CERTIF' YES URY IN STEM 18 P. OWN	COUNTY 19 22c. DATE	STATE that (I) (we) lo couses stated
IMPORTANT If New 21 is marked or New 18 shows pay injury.	WEDICAL WEDICAL	196 DATE OF OPERATION 710 ACCIDENT WAS UNDERLY OR CONTRIBUTING CAUST (IF EITHER NOTIFY MEDICALE) 21d. INJURY OCCURRED WHILE NOT WHILE AT WORK NOT WHILE AT WORK 270.1 certify that (1) (this sow the deceased of above, (1) (w. 11.1)	ING TABLE TO THE HOUR ARAMINER) The PLACE (AT HOME S TO THE HOUR ARAMINER) The PLACE (AT HOME S TO THE HOUR ARAMINER) The PLACE (AT HOME S TO THE HOUR ARAMINER) THE PLACE (AT HOME S TO THE HOUR ARAMINER) THE PLACE (AT HOUR ARAMINER) THE PLA	OF INJURY A.M. MONTH D P.M. FOF INJURY REEL, FACTORY, OFFICE A deceosed from. A over death.	AY YEAR 19 211 1 PARM EIC) DEGRI	OCATION STREET In (my) (our) opini E ATTENDING PHYSICIAN ADDRESS	VES NO URRED (ENTER NATURE OF IN) On death occurred on the or in) MEDICAL STA	206 IF YES IN CERTIF' YES URY IN STEM 18 P. OWN	COUNTY 19 22c. DATE	STATE that (I) (we) lo couses stated SIGNED

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0 2	ATH DEC NO		STATE OF A DEPARTMENT OF HEALT DICAL EXAMINER'S			FOR STATE REGISTRAR] - 3	
DAY YEAR 26. HOUR	20. DATE KNOWN MONTH	LAST	MIDDLE		FIRST	CEASED NAME		1000
184 114 W	DEATH MATED 1-1		WINSTA	AEL	MICH	CORPRINT	(1110	CE:
DAY YEAR 2d. HOUR	PRONOUNCED DEAD 1-1-	NDER I YR. IF UNDER 24 H	30 YEA 19 0 (ASE (IN YEARS) IF UI MONT	S DATE OF BIRTH	au	M C	3. SEX	9
Y OF DEATH	9. BALTIMORE CITY OR COUNT Allegany	NEVER MARRIED (AAARR	76. CITIZEN OF W		RTHPLACE (STATE OF REIGN COUNTRY)	FOR	1
26. KIND OF BUSINESS OR INDUSTRY	SUAL OCCUPATION (TYPE OF WORK	HER INSTITUTION 120.	PITAL, NURSING HOME, OR OTH	11. NAME OF HO	EATH	TYOR TOWN OF DI	10. C1	T
Home Builder		I	eart Hospital	,		umberland	0	ľ
0.100	TREET ADDRESS	113d INSIDE CITY LIMITS? 113e.	PERESIDENCE BEFORE ADMISSION)		NURSING HOME (LRESIDENCE (# INT	USUA 13a. ST	ľ
11302	Rt 5 Box 364	YES NO	Cumberland		Alleg			M
LAST	AE MIDDLE	15. MOTHER'S MAIDEN N	LAST	WIDDLE		ryland ATHER'S NAME FIRST	14. FA	f
ertson	Robe	Mary	Winstanley			John		
rge Creek Bl	ADDRESS	17. INFORMANT	217-03-2159	MED FORCES?		VAS DECEASED EVE	160. W	T
ana-, Ma 21502	nstanley Timber	Harold J. W	217-03-2133		(No		l
approximate interval between onset and death Sudden	LaVal	ıfficiency	for (o), (b), and (c).) <u>espiratory insu</u> AS A CONSEQUENCE OF	D BY: ATE CAUSE (o)	WAS CAUSE	PART I DEATH		
1 year		noma	etastatic carci	(b)		Conditions, if gave rise to		
			AS A CONSEQUENCE OF	DUE TO, OF		cause (o) statii		1
6 years		, resected						J
		SE OR CONDITION GIVEN IN PART 1 (a	BUT NOT RELATED TO THE TERMINAL DISEAS					1
						liver f	CERTIFICATION	1
20 AUTOPSY?		VAS PERFORMED?	ION FOR WHICH OPERATION V	1000000	KATION		Ž	1
YES NO X			noma, colon	21b. TIME O	TICE WAS	9-1-78	RTIF	1
[2]	ER NATURE OF INJURY IN ITEM 18 PART 1 OR PAR	IOM INJURY OCCURRED IE	MONTH DAY YEAR			UNDERLYING CONTRIBUTING		1
		CATION		DEATH P.A		CONTRIBUTING	MEDICAL	l
NTY STATE	CITY OR TOWN COU	STREET			MONE [WHILE NO	ME	ı
					WORK	AT WORK AT		1
nion	Inquiry XX, ond in my op	osy , Inspection	cribed above, held on Autor	ge of the remains de	ot I took charg	220 I certify tho		1
	etermined manner .	, Homicide . Ui	Accident , Suicide	rol couses	Notu	death resulted fro		-
		TITLE (SPECIFY)		1 1.	No	Lainte I		
1-1-84	DATE EDICAL EXAMINER SIGNE	A.D. Ast. Dpty	^	& Mu	Acco	ACTUAL SIGNATURE		4
			1 2 - 1 vol	V	VE	EXAMINER'S NAM	1	1
			M.D.		P;	(TYPE OR PRINT)		1
TY STATE	LOCATION TY OR JOWN COUN		23c. NAME OF CEMETERY C			URIAL, CREMATION	230.Bl	
	umberland Allega			Jan 4,198		Burial		
BH CHELLE	BY REGISTRAR 256 REGISTRAR'S S	L DL	404 Decatu	ADDRES		NAME		и
ľ	LOCATION	1 Park r St 250. DATE REC'T	23c. NAME OF CEMETERY C	^{236. DATE} Jan 4,198	I, REMOVAL	URIAL, CREMATION SPECIFY) Burial UNERAL DIRECTOR	24 FU	

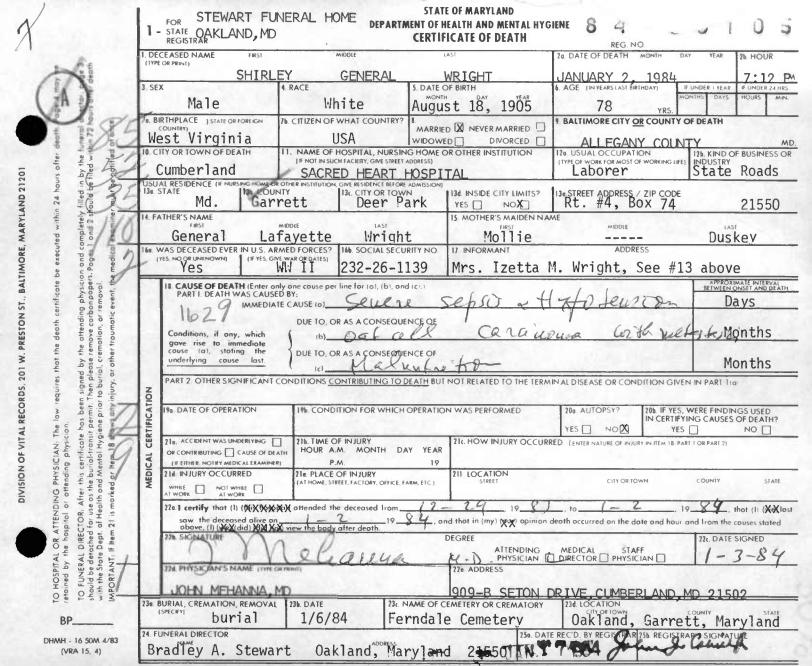
JAN 5 FOR O Carole Coming

1] - 5	FOR STATE REGISTRAR				MENT OF	HEALTH	ARYLAND AND MEN CERTIFICA	ITAL HYG		REG. N	0 0 o.		ن ز
Т		EASED NAME OR PRINT)	ROSELLA	PAULINE	WINT	ERS		LAST		2a. DATE OF DEATH	KNOWN ESTI-	7 MONTH	DAY YEAR 0 19 84	26. HOUR
		EMALE C	AUCASIO		YEAR	70	EARS IF UNDAY) MONT		UNDER 24 I	PRONOU DEA	NCED D	1/3	DAY YEAF	24. HOUR 340146
5	FOR	RITHPLACE ISTATEO REIGN COUNTRY) Mary Land		76. CITIZEN OF W USA			WIDOV		DIVORCED	□ cu	MBERLA	ND	Y OF DEATH	MD
)	C	umberlan	3		ial H	ospita	ıl	HER INSTITUTIO	ON 120	USUAL OCCL FOR MOST OF WO Housew:	JPATION (TYP PRKING LIFE) Lfe	PE OF WORK	OR INDUS In OW	usiness try n Home
	3a. ST	L RESIDENCE (IF IN I TATE LRYLAND	136 COUNT ALLE	Υ	13c. CITY	OR TOWN		-	NO 🗆		ESS NNSYLV	ANIA	AVENUE	2150
1		THER'S NAME FIRST	Anthon			LAST		15. MOTHER'S	Ma	ary E. I		227	LAST	
1	16a. W	YAS DECEASED EVE S, NO, OR UNKNOWN)	R IN U.S. ARM			-07-66		Mr.		E. Win	ADDRESS ters S		Husban umberla	
		18. CAUSE OF DEP PART I DEATH Conditions, if gave rise to cause (a) stati	IMMEDIATE ony, which immediate	DUE TO, OR	CUTE AS A COM ORONA	MYOCAF NSEQUENCE RY HEA	OF RT D	INFARC	TION				SUDDE	
7	CERTIFICATION	lying cause last PART 2 OTHER SIGNIFIC	ANT CONDITIONS CO	(c)ONTRIBUTING TO OFATH	RUT NOT RELA	ATEO TO THE TER	MINAL DISEAS	E OR (ONDITION GI		a) I	-		20 AUTOPS'	Y? NO [Z]
3	CAL	CONTRIBUTING	OR CAUSE OF D		I. MONTH	DAY YEA	AR .	OW INJURY OF	CCURRED (E	NTER NATURE OF I	NJURY IN ITEM 18	PART 1 OR PAR		140 (2)
	ME	WHILE NO	T WHILE D		TORY, FARM, E			STREET		CITY OR TO		COU	NTY	STATE
		22a. I certify the death result of the ACTUAL SIGNATURE		al causes	Accident		Autop	Homicide	CIFY)	Inquiry Indetermined m	anner .	DATE SIGNE	1 30	184
7	23a.BL	EXAMINER'S NAM (TYPE OR PRINT)	511.	PAUL SNO		NAME OF CE	METERY	ADDRESS_MI		L HOSP				
	151	Burial	2	2-1-1984	S	t. Ma:	rys C	emetery	DATE REC	Cumber D. BY REGISTR	land,	Alleg	any, Mo	STATE .
2	1	Burial		2-1-1984 carpelli,	S	t. Ma:	rys C	emetery	DATE REC	Cu D. BY	mber	mberland, REGISTR (R) 25% REG	mberland, Alleg	or rown imberland, Allegany, Mo REGISTR (R) 256 REGISTPAR'S GNAPURE

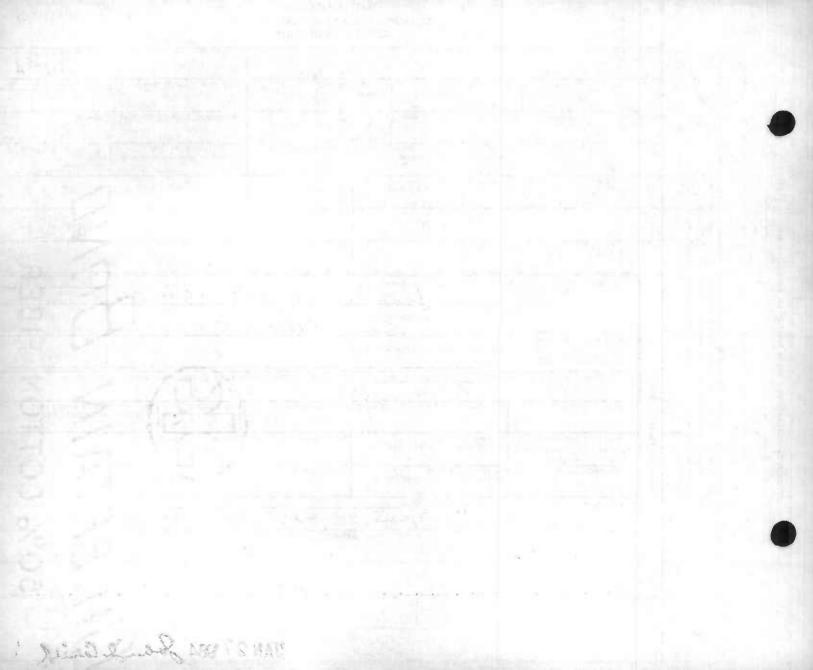
ANTIPUL DELINER OF THE PROPERTY OF THE PROPERT TEB US DEA John & Court

7	FOR STATE REGISTRAR	DEPART	STATE OF MARYLAND MENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	GIENE 8 4 0 0	104
	I. DECEASED NAME FIRST	MIDDLE	LAST		AR 2b. HOUR
may be page 3 er death	GEORGE	В.	WOLFE	JANUARY 13, 1984	8:30 рм.
e 4 may or, pag	3. SEX MALE	4. RACE WHIT E	5. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER THOMPS TO THE MONTHS TO THE MON	YEAR IF UNDER 24 HRS DAYS HOURS MIN.
Pog and	. BIRTHPLACE (STATE OF FOREIGN	76. CITIZEN OF WHAT COUNTRY	8	9. BALTIMORE CITY OR COUNTY OF DEAT	тн
見到り	West Virginia	U.S.A.	MARRIED NEVER MARRIED WIDOWED DIVORCED	ALLEGANY	MD
of the d	10. CITY OR TOWN OF DEATH CUMBERLAND		NG HOME OR OTHER INSTITUTION TADDRESS!	(TYPE OF WORK FOR MOST OF WORKING LIFE) INDUS	ND OF BUSINESS OR STRY STVACO
within 24 hours	West Virgina Min	OR OTHER INSTITUTION GIVE RESIDENCE BEFORE UNITY 136. CITY OR TOVE 18 CONTROL OF THE CONTROL OF	YES DE NO D	1400 Beacon St.	99999 LAST
BALTIMORE, MARYLAND cote be executed within 24 ysician and completely filler opers. Pages 1 and 2 shauld wol. it, themedical example cmal	Arthur U. 16a WAS DECEASED EVER IN U.S. 17ES, NO OR UNKNOWN) 17ES WW WW	GIVE WAR OR DATES)	000	Byrd ADDRESS aret Wolfe Keyser Wv	a.
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALING PHYSICIAN. The law requires that the death certificate of the adding physician. When this certificate has been signed by the attending physicial steep burial-transit permit. Then please remove carbanapaes the and Mental Hygiere prior to burial, cremation, or removal, arked or there 18 shows any injury, or ather traumatic event, the content of the property o	Conditions, if any, which gove rise to immediate couse (a), stating the underlying couse lost. PART 2 OTHER SIGNIFICAN	DUE TO, OR AS A CONSEQUENCE TO THE CAUSE (a) DUE TO, OR AS A CONSEQUENCE (c)	Pertad Hypes	ACNSIVA MINAL DISEASE OR CONDITION GIVEN IN PA	8 hour
TAL RECOR	190. DATE OF OPERATION 190. DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING	-	H OPERATION WAS PERFORMED	200 AUTOPSY? 20b. IF YES, WERE F IN CERTIFYING CA	INDINGS USED USES OF DEATH? NO
IYSICIAN: 1 ding physical couriel-trans Mental Hyg	OR CONTRIBUTION CAUSE OF	DEATH HOUR A.M. MONTH	PAY YEAR 19	RRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PAI	RI 2)
DIVISION DING PHYS or attending After this or e as the bur alth and Me	OR CONTRIBUTING CASE OF	21e PLACE OF INJURY (AT HOME, STREET FACTORY, OFFICE,	211. LOCATION	CITY OR TOWN COUN	TY STATE
TTEND pital or properties of far use of Heal of Heal 21 is m	saw the deceased alive	spital) attended the deceased from, on	, and that in (My) (aur) apinion	death occurred an the date and hour and from	, that (i) (we) last in the causes stated
0 = 0 50 =	22b. SIGNATUR		DEGREE ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	DATE SIGNED
TO HOSPITAL (retained by the TO FUNERAL Is should be deto with the State IMPORTANT: IMPORTANT: IMPORTANT: IN	DR. RIAZ JA		226 ADDRESS MEMO	RIAL HOSPITAL MEDICAL BERLAND, MD 21502	BUILDING
0 % 0 % * M	23a. BURIAL, CREMATION, REMOV	AL 23b. DATE 23c.	NAME OF CEMETERY OR CREMATORY	236. LOCATION CITY OR TOWN COUNTY	STATE
9999BP	Burial /	1/16/84 P	hilos Cemetery	Westernport Allega:	ny Md.
DHMH - 16 50M 4/B2 (VRA 15, 4)	Boals Funeral	Edice Westernp		AN 1 9 1984	Comes a

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3	1.	FOR STATE	DEP	STATE OF MARYLAND ARTMENT OF HEALTH AND MENTAL HY	GIENE 8 4 0	0 1 0 6
		REGISTRAR		CERTIFICATE OF DEATH	REG. NO.	
13		CEASED NAME FIRST	WIDDLE	LAST	20. DATE OF DEATH MONTH	DAY YEAR 26, HOUR
1 13		MARGA		ZEMBOWER	Jan	24 84 112 AM
7 7:1	3. SE	X	4. RACE	5. DATE OF BIRTH MONTH DAY YEAR	6. AGE (IN YEARS LAST BIRTHDAY)	MONTHS DAYS HOURS MIN
A. A.		Female	White	Jan 11 1896	8 Syrs	
4 20 4	7 7a. BI	RTHPLACE ISTATE OR FOREIGN DUNTRY)	76 CITIZEN OF WHAT COUNT	RY?	9 BALTIMORE CITY OR COUN	TY OF DEATH
The state of	9	Penna	U.S.A.	WIDOWED DIVORCED		Allegany _{MD.}
1 11/2		TY OR TOWN OF DEATH	IF NOT IN SUCH FACILITY, GIVE S		12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING	12b. KIND OF BUSINESS OR INDUSTRY
110		Frostburg	Rt.#3 Box	354	Н	ousewife
of the state of	13a. S	AL RESIDENCE (IF NURSING HOMES STATE 136 200	OR OTHER INSTITUTION, GIVE RESIDENCE !		13e. STREET ADDRESS	MARGA
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